

# It's Time for an OT Education Standard on Integrative Health

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An OT education standard is needed on complementary and integrative health (CIH) -- what has been commonly referred to as complementary/alternative medicine (CAM), because CAM is becoming more utilized by OTs and other health care professionals, and the public is seeking these services. OT practitioners and students need to have foundational knowledge about how they can utilize these approaches as part of a comprehensive OT treatment plan to improve occupations.

Standardization of required CAM content would prepare more versatile occupational therapy practitioners, benefitting occupational therapy practitioners themselves and their clients. This would also support new occupational therapy practitioners to stay current in an evolving health care system.<sup>1</sup>

## **Complementary and Integrative Health Growth**

According to the National Center for Complementary and Integrative Health (NCCIH), the use of an integrative approach for health and wellness has grown within care settings across the United States, including hospitals, hospices, and military health facilities since its inception 16 years ago.

The NCCIH is the federal government's lead agency for scientific research on the diverse medical and healthcare systems, practices, and products that are not generally considered part of conventional medicine. It defines "complementary" as a non-mainstream practice used **together with** conventional medicine. If a non-mainstream practice is used **in place of** conventional medicine, it's considered "alternative."

"Integrative health" care is a comprehensive, often used as an interdisciplinary, approach to treatment, prevention and health promotion that brings together complementary and conventional therapies. NCCIH uses the term "integrative health" to describe incorporating complementary approaches into mainstream health care, and will use the term "complementary health approaches" when they share information about practices and products of non-mainstream origin.<sup>2</sup>

In 2014, the NCCIH removed the word "alternative" from its title "National Center for Complementary and Alternative Medicine" (NCCAM), because large population-based surveys found that the use of alternative medicine is rare. Integrative health care is used more frequently.<sup>3</sup>

## **Health, Wellness, and Prevention**

Health and Wellness is one of the six key OT practice areas, and are outcomes that may occur from OT intervention. CIH could fall within this area to support occupations and to promote health, wellness, and disease prevention across all areas of OT for children and adults. The United States health care system has primarily functioned as "sick care" that addresses disease and illness rather than promoting health or prevention of disease, but this may be changing as more people desire to stay well and prevent disease. OTs can be leaders in prevention and wellness.<sup>4</sup>

CIH approaches may improve health, wellness, and prevention.<sup>5</sup> It may likely lower healthcare costs, as an estimated 75% of illnesses and chronic conditions may be prevented through lifestyle changes.<sup>6</sup> Comprehensive lifestyle changes can often reverse their progression.<sup>7</sup>

**Health** for groups and populations includes these individual aspects but also includes social responsibility of members to the group or population as a whole. Health is a state of physical, mental, and social well-being, as well as a positive concept emphasizing social and personal resources and physical capacities.<sup>8</sup>

**Wellness** is "an active process through which individuals [or groups or populations] become aware of and make choices toward a more successful existence." Wellness is more than a lack of disease symptoms; it is a state of mental and physical balance and fitness.<sup>8</sup>

**Prevention** is education or health promotion efforts designed to identify, reduce, or prevent the onset and reduce the incidence of unhealthy conditions, risk factors, diseases, or injuries. Occupational therapy promotes a healthy lifestyle at the individual, group, community (societal), and governmental or policy level.<sup>8-9</sup>

In 2011, the AOTA Ad Hoc Committee on Health Care Reform formed by the Prevention and Wellness group found progress in the areas of fall prevention, ergonomics, anti-bullying initiatives, and aging-in-place supports. The group highlights the good fit between occupational therapy and prevention, but demonstrates that more work is needed with transitioning prevention practice opportunities into realities.<sup>10</sup> CIH could further support OT with health, wellness and prevention.

### **AOTA Asserts that CAM May Be Used in OT Practice**

The American Occupational Therapy Association (AOTA) states in their CAM Position Paper from 2011 that CAM may be used responsibly by occupational therapists and occupational therapy assistants as part of a comprehensive approach to enhance engagement in occupation by people, organizations, and populations to promote their health and participation in life.<sup>9</sup>

It is estimated by the National Center for Complementary and Integrative Health that

34% of adults and 12% of children use these approaches, and they are more frequently used by individuals with chronic conditions and functional limitations.<sup>11</sup> This position paper outlines the appropriate use of CAM by occupational therapy practitioners.<sup>12</sup>

For years, CAM approaches have been utilized in occupational therapy, including guided imagery, massage, myofascial release, meditation, and behavioral relaxation training.<sup>13-</sup><sup>16</sup> Yoga postures also have been used to reduce reliance on pain medication, promote relaxation for restorative sleep, and improve ADL performance.<sup>14</sup>

Recent studies have indicated that yoga intervention can reduce anxiety among children and adolescents,<sup>17</sup> and preliminary evidence has found that an individualized 8-week yoga intervention may improve emotional regulation and quality of life after a traumatic brain injury.<sup>18</sup>

### **Including CIH in OT Education**

Now is the time to include CIH as a standard in OT education. For OTs to understand the best approaches available, and to be able to communicate with other health care professionals and clients, it's important to have a foundational knowledge. Several health care professions are preparing their students by currently teaching these approaches in their programs.

Over half of medical schools in the United States now offer at least one course about CAM, and there are 60 medical institutions that are members of the Academic Consortium for Integrative Medicine and Health.<sup>19-20</sup> In addition, the nursing profession developed an Integrative Nursing theoretical framework and the Holistic Nursing specialty certification.<sup>21-22</sup>

The inclusion of CAM in professional healthcare educational programs began in the late 20th century. This was in response to consumer trends in the United States.<sup>23-</sup><sup>25</sup> Curricular inclusion of CAM was found in literature of allied health professionals such as physical therapists,<sup>26</sup> nurses,<sup>27</sup> nurse practitioners,<sup>28</sup> and physician assistants,<sup>29</sup> but not in occupational therapy.<sup>30</sup>

Including CAM in occupational therapy practice for the promotion of occupational participation is a natural progression given the common holistic philosophical roots shared by occupational therapy and CAM practitioners.<sup>14,31-33</sup>

### **Majority of OTs Include CAM in their Curriculum**

Many occupational therapy educators are teaching CAM in response to the demands of a more integrative healthcare system. A paper by Michelle Bradshaw, DC, OTR/L, presents an overview of current curricular inclusion of CAM by occupational therapy educators in the United States. The study explored the extent to which CAM was

included, what factors impacted the inclusion, topics and student learning outcomes covered, who taught the material, and what sources were used to prepare for delivering course content.

A majority of responding OT educators reported curricular inclusion of CAM (79%), with independent learning opportunities (35%) as the most frequent method of education. Other methods of teaching CAM included required courses (20%), other (14%), elective courses (10%), and no inclusion (22%).

A majority of respondents' comments supported curricular inclusion in occupational therapy education for the following reasons: 1) expose students to CAM practices supported by evidence, 2) develop clinical reasoning skills for collaboration with and referrals to appropriate CAM practitioners, and 3) exposure to CAM within a cultural context, while some suggested that students would benefit from experiential training in CAM and exposure to billing related CAM.

Those responding OT educators who had additional training in CAM felt more comfortable teaching general content and CAM for use as occupational therapy interventions. Some educators reported that some CAM content was taught by multiple educators representing occupational therapy, CAM practitioners, guest speakers and care recipients.

OT educators without additional CAM training felt inadequately prepared to teach general content, and a handful felt they had the skills to instruct students to incorporate CAM as an occupational therapy intervention. However, over half stated they were teaching CAM content. While this study does not represent all OT programs, the significant inclusion of CAM may indicate that OT educators recognize and value the importance of teaching CAM as part of a comprehensive OT curriculum education.

"If the OT profession resolves ethical and pragmatic issues, provides faculty developmental opportunities, and standardized student learning outcomes, this would align stakeholders and mitigate ambiguities that currently exist surrounding the inclusion of CAM in occupational therapy education. Without an ACOTE standard requiring inclusion of CAM in occupational therapy curricula, there would be a shortage of trained occupational therapy faculty members, and the educators may be teaching biased or incomplete information."<sup>1</sup>

### **Knowledge and Use of CAM Among OT Practitioners**

Do you practice complementary and integrative health with your clients or for your own self-care? Johnson (2011) found as many as 76 percent of healthcare providers used at least one form of CAM, and concluded that personal use of CAM by healthcare providers may influence the integration of CAM with conventional medicine.<sup>34</sup> Several studies

have shown a link between knowledge, attitudes and perceived usefulness of CAM.<sup>35-</sup>  
<sup>38</sup> With a greater knowledge of CAM comes a more positive attitude about it and its  
perceived usefulness.<sup>36</sup>

Herold (2009) conducted a multistate study of occupational therapists that found 93% of respondents thought OT practitioners ought to be aware of CAM, while only 34% actually received education about it. In addition, 72% would be interested in CAM education. Participants showed an overall positive attitude toward CAM, a high level of knowledge regarding CAM, and an increased level of usefulness concerning CAM.<sup>39</sup> This study supports findings made by other researchers that CAM knowledge is important for occupational therapy professionals.<sup>35-36</sup>

It is imperative that an ACOTE standard be established in OT education on CIH for OTs to be relevant and current with healthcare trends and best practices. This will enable OTs to optimally support their clients' occupations, have knowledgeable conversations with other healthcare practitioners, and know when to refer to CIH practitioners.

Moreover, the occupational therapy profession, with its holistic perspective that addresses the mind, the body, and spirit -- from person to the environment -- is uniquely able to embrace and administer these perspectives. This will further strengthen the OT profession now and in the future.

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