AMERICAN HEALTH CONSULTANTS®

# Patient Education Management™

For Nurse Managers, Education Directors, Case Managers, Discharge Planners

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# What's complementary medicine about? Medical staff, public want to know

*As clamor for complementary therapies grows, so does need for education*

The Department of Complementary Care at Longmont (CO) United Hospital exists today because of a grass-roots community effort. In 1993, the senior advisory council asked the hospital to provide services outside of conventional medicine, such as Tai Chi, massage therapy, yoga, meditation, acupuncture, and herbal medicine. The council, consisting of community members who volunteered to participate, explained that although seniors have the most chronic diseases, they get the least help and are put on more and more medications.

To support their cause, the council conducted a community fundraiser to send the manager of the senior membership program at the health care facility to China to study Chinese medicine and aging in China. "The purpose of the trip was not to become certified; they wanted me to get a glimpse of how another culture was dealing with aging. When I returned from China, I was converted," says **Michelle Bowman**, BSN, RN, C, manager of complementary care/senior wellness at Longmont United Hospital, which became a Planetree facility in 1998.

As consumers clamor for complementary therapies that are holistic in nature, more and more health care professionals have seen the light and are integrating complementary therapies into their

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*Special Report: Complementary Therapies and Patient Education*

**Complementary care center serves cancer patients**

The center for complementary care at MD Anderson Cancer Center in Houston provides a place for people to become healed, even though they may not be cured of their cancer. More than 70 classes are offered each month that focus on the mind and spirit as well as the



## COMING IN FUTURE ISSUES

- Tailoring programs to specific patient populations
- Opening the doors to health care for the underserved through education
- Improving patient self-efficacy for better outcomes
- The ins and outs of designing educational programs for specific cultures

health care systems. The methods for this integration process vary, but education is a key component of all efforts for both staff and consumers.

Without education, many physicians see complementary therapies as alternative medicine, such as prescribing herbs instead of medications. "The medical mind sees something wrong and tries to determine how to fix it. In the holistic community, we view disease as an imbalance in the body, mind, and spirit, and we work with the person to bring that balance back using every modality available," says **Renee Pierce**, ND, health guide coordinator / complementary medicine champion at Banner Health Arizona in Gilbert. **(For more information on making a case for complementary therapies, see article on p. 88.)**

While patients want complementary therapies, they often also want a quick fix because they still have the Western medicine mindset, which holds that if something is wrong, you look for a remedy to fix it, says Pierce. "With the emergence of capsule herbs, the public is going out to health food stores thinking natural products can't hurt them. They believe the answer is in the pills," she says.

What do people need to know? At Longmont United Hospital, Bowman doesn't make a lot of claims about complementary therapies, but lets the use of the therapies reveal the benefit. For example, at the cancer care center, all patients who come in for radiation treatment on Mondays can have a 30-minute massage accompanied by live music on either harp, keyboard, or guitar provided by the music therapist on staff in the complementary care department.

On Wednesdays, patients at the center are offered a 30-minute healing touch session provided by a practitioner who is a registered nurse. "Our goal is to decrease the stress and provide a calming environment. Other than that, we make no claims, and just tell the patients it is part of their care. We want to make the patient feel appreciated and valued as a human being," says Bowman.

The physicians usually are appreciative when the patients are happy, and they, in turn, become sold on complementary therapies. When Bowman introduced massage therapy into the pre-op area, she had one of the 14 massage therapists on staff do a literature search and put together a notebook on the medical benefits of pre-op and post-op massage therapy. The notebook is kept on the unit for surgeons to look at if they are wary of the practice. **(To learn the steps for integrating complementary medicine into the medical system, see article on p. 88.)**

However, when Bowman approached the surgical staff, she didn't show them research studies. She told them the purpose of the presurgery massage was to improve the quality of the patient's care. There were cases when the massage resulted in the use of less anesthetic and pain medication, but these claims were not made. "The best way to change conservative viewpoints in regard to these modalities is to move them into areas where you can have the highest impact and they will not be threatening, and then let them speak for themselves," advises Bowman.

One of the best ways to convert staff from skeptics to believers in complementary medicine is to let them experience it, says Pierce. Therefore, the committee working on the project arranged to make a presentation at the annual meeting of hospital administrators throughout the health care system. The administrators were given the chance to experience massage therapy, herbs, spiritual healing, Tai Chi, and yoga at the conference. With the support of the administrators, each hospital selected a complementary medicine champion who serves as the liaison to the system in implementing the various modalities according to what works in each community, explains Pierce.

The same technique was used to sway the physicians on the ad hoc committee assembled to form the complementary therapy department at the health care facility where Pierce works. "The team of physicians said that they were supportive but they did not have the knowledge to guide the hospital, so they looked to the naturopath and mind-body person on the committee to teach them quickly," says Pierce. The two disciplines organized a half-day seminar that covered naturopathic medicine, acupuncture, Chinese medicine, and mindfulness.

To educate the public about complementary medicine, Pierce frequently conducts community outreach classes and holds brown-bag lunch lectures at the hospital. Topics include the healing power of touch, healing the emotional heart, and herbs and nutritional supplements.

At Mercy Healthcare Sacramento (CA), members of the integrative medicine steering committee are incorporating information about complementary therapies into the system through existing methods, says **Marcia Taylor-Carlile**, RN, CDE, team leader for healing environment. For example, Taylor-Carlile is working with the clinical dietary staff and pharmacy staff to produce patient information sheets on herbal and vitamin supplements and their potential interactions with drugs.

"The general public thinks that if something is natural, it must be safe, and they are mixing a lot of their medications with herbs fairly indiscriminately, and we have concerns about safety issues," explains Taylor-Carlile.

They also created a holistic channel on the closed-circuit television system at the health care facility. The channel is devoted to music, images for relaxation, and such complementary therapies as breathing exercises, imagery, and muscle relaxation exercises to help ease anxiety and pain, says Taylor-Carlile. **(To learn how guided imagery was added to a cardiac surgery program, see article on p. 90.)**

Introducing patients to the complementary therapies that are available to them works best when you have a physician champion, says Bowman. One obstetrician on staff at Longmont United Hospital has the complementary therapy department do an orientation once a month for all his new clients about the therapies available during their pregnancy, labor, and postpartum period. The orientation includes information on studies that support the therapies.

His patients learn that every woman who delivers at the hospital is offered massage, and 98% of patients take advantage of the service. Aromatherapy also is available. Couples receive massage therapy training during childbirth education classes, and all moms get a $10-off coupon for infant massage following the birth of the baby. "We have been breaking the records for birthing since we started the massage program. A lot of our services attract people who want some of those options," says Bowman. ■

## SOURCES

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# Providing proof for the skeptics

*Building a case for complementary therapies*

To help educate senior management at Grant-Riverside Methodist Hospitals in Columbus, OH, about complementary therapies, **Cheryl Rapose**, MA, MSW, LISW, health and wellness consultant for the Elizabeth Blackwell Center, a community center for women's health within the Grant-Riverside health system, began to compile evidence through diligent research. "I wanted to show how alternative or complementary care was not some kind of fringe effort. I was trying to make a case to show all the ways that it was mainstream," she explains. Following is an overview of the steps she took:

**• Tally efforts by the National Institutes of Health (NIH).**

Rapose began gathering information on the NIH's National Center for Complementary and Alternative Medicine. She created a list of the alternative medical practices the NIH had established as a core category for funded research. She also provided descriptions of the key centers the NIH was working with and what they were researching.

**• Discover what the literature says.**

A literature review helped her find what the medical journals were publishing on complementary medicine. "I was basically looking at what is going on in terms of trends, hospital systems, and managed care as far as insurance coverage," says Rapose.

**• Examine curricula at medical schools**.

Rapose looked at the curriculum development of some of the leading medical education institutions around the country. She made note of how many were embracing a broad range of specific intensive studies in complementary therapies. She also noted those institutions that were simply offering modules on complementary therapies in general.

**• List methods of integration.**

The last step in the research Rapose conducted was to list what medical facilities were doing to integrate complementary therapies into the medical system. Without going into detail, she noted those that had training for staff and / or provisions for patient populations. She also listed those that had developed plans for offering complementary therapies as an option for the people they serve.

"I was trying to make a case for how massive a movement this is and that it is consumer-driven. I proposed that our system give serious consideration to moving in this direction," says Rapose.

Since she conducted the research two years ago, Grant-Riverside Methodist Hospitals gained a physician champion for complementary therapies. The health care system now has a committee that is trying to begin the integration process. ■

**SOURCES**

For more information about researching complementary therapies, contact:

- **Cheryl Rapose**, MA, MSW, LISW, Health and Wellness Consultant, Elizabeth Blackwell Center, Grant-Riverside Methodist Hospitals, Columbus, OH.

# Step-by-step approach slowly brings integration

*Committee learns from patients to teach staff*

While consumer demand is the driving force behind integrating complementary therapies into health care systems, it is staff interest that usually initiates the process. "We started a committee in the outpatient center where there were a few of us that were interested in complementary and alternative practices," says **Nancy Jonap**, ACSW, CISW, chairperson for the pediatric integrative medicine committee at Phoenix (AZ) Children's Hospital. Because a lot of Latino and Native American families use the hospital's services, the team thought it would be helpful to look at the traditions of healing in those cultures so health care workers could be more supportive, she explains.

The goal of the committee is not to incorporate complementary therapies into the medical system, but to learn what patients are interested in and provide educational programs for the staff. "We are in the very early stages and are just beginning to identify what educational programs might be useful to get people to dialogue around alternative complementary healing," says Jonap. The hope is that patients will not

only feel comfortable discussing therapies with their physician but also that the physician will feel comfortable enough to include some of the complementary therapies in the treatment plan, such as biofeedback or guided imagery.

To determine what types of complementary therapies patients were using, the committee conducted a computer-based touch screen survey in the lobby of the outpatient center. Patients were asked what treatments they used for their child, and a long list of choices was provided. They were also asked if there were treatments for their child they would want to know more about.

A secondary goal is to develop relationships with reputable providers in the community so that if a family was determined to use a particular modality, the various providers involved could collaborate as a team. "They could have a conference at some point, and there wouldn't be a wall between the providers," says Jonap.

The integrative medicine steering committee at Mercy Healthcare Sacramento (CA) has representatives from a variety of service lines, both inpatient and outpatient, and includes physicians, nurses, and even a chaplain. It, too, is in the beginning stages, but has established goals to work toward, says **Marcia Taylor-Carlile**, RN, CDE, team leader for healing environment at Mercy.

One project is intended to create a list of available complementary or integrative services within the Mercy system. A second project will establish a competency or credentialing process for the practitioners of the various therapies. Another goal is to determine what kind of education staff must have to counsel patients on the use of complementary therapies. "As a whole, our health care providers may not be any more knowledgeable about massage or herbal medicine than the lay public," says Taylor-Carlile.

## *Integrating complementary therapies*

At many health care facilities, a department is created to meet public demand, and complementary therapies are integrated into the system. In these cases, decisions must be based on what types of therapies should be offered. When the Department of Complementary Care was established at Longmont (CO) United Hospital in 1994, massage therapy and Tai Chi were the first two modalities chosen.

"Six years ago, the acceptance wasn't the same as it is today, and I had to look at what is most acceptable to the medical community," says **Michelle Bowman**, BSN, RN, C, manager of complementary care/senior wellness at Longmont. Another catalyst was the fact that the Boulder College of Massage Therapy, located nearby, was asking for placements for student interns.

Today, the department has a staff of 14 massage therapists, seven acupuncturists, one medical herbalist, three Tai Chi instructors, a music therapist, and an art therapist. To become part of the staff, practitioners must meet high standards to ensure they are well-trained.

## *Practitioners must meet patient's needs*

For example, acupuncturists must have passed the national certification exam administered by the National Certification Commission for Acupuncture and Oriental Medicine in Alexandria, VA, and have 4,000 hours of training. Massage therapists must have 1,000 hours of training to be hired. The practitioners work in both inpatient and outpatient areas and must be willing to meet the patient's needs.

"I have refused to hire people because of their inability to adapt to the patient's demands," says Bowman. **(To learn more about creating a free-standing facility for complementary therapies, see article on p. 91.)**

### SOURCES

For more information about integrating complementary therapy into the health care system, contact:

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When the Department of Complementary Medicine was established at Banner Health Arizona in Gilbert, three criteria were used to select the therapies. They had to be accepted by the medical community, backed by scientific research, and nonpolitical, says **Renee Pierce**, ND, health guide coordinator / complementary medicine champion at the facility.

As a result, acupuncture, behavioral health, health guiding or lifestyle counseling, and massage therapy were selected. Practitioners must belong to the national professional organization of a discipline that is recognized by the NIH. They also must be willing to work as a team. "I want someone who knows their limitations and their scope of practice and doesn't think their particular modality is going to heal all things," says Pierce.

The cost of bringing up a new service can be prohibitive when incorporating complementary therapies into your health care system, warns Taylor-Carlile. "Our fiscal environment is very tight," she says.

Yet, in 1998, the complementary medicine program at Longmont United Hospital was separated from the senior program where it originated because it generated too much revenue. The senior program is the hospital's community benefits program, explains Bowman. The complementary therapy clinic, located in a free-standing building on hospital grounds, has about 45 acupuncture clients a week and provides more than 400 massages a month. ■

# Incorporating guided imagery into surgery areas

*Audiotapes provide self-direction for easing stress*

After learning about the benefits of guided imagery for surgery patients at a conference and visiting an open-heart program that had incorporated the complementary therapy, staff in the cardiovascular service line at York (PA) Health System decided to offer it to open-heart surgery patients. "Guided imagery helps the patients relax and even decreases the amount of pain medication they are using. Research has uncovered many benefits to guided imagery," says **Barb Delio-Cox**, RN, MSN, clinical nurse specialist in the cardiovascular service line at York.

To launch the effort, several inservices were scheduled for staff, including physicians and surgeons. **Diane L. Tusek**, RN, founder of Guided Imagery in Willoughby Hills, OH, conducted the teaching. Tusek provides staff training in guided imagery and sells audiotapes and CDs with guided imagery exercises.

### *Patients receive tapes before surgery*

The hospital purchased a stock of tapes, and patients scheduled for cardiac surgery are now sent a letter explaining the program. Those who are interested alert the educator when they come in for the pre-op teaching. At that time, the educator explains what guided imagery is and how it might benefit the patient.

She also gives the patients the tapes and asks that they begin listening at home before the surgery. On the tapes, listeners are guided through stories that help them confront and work through stressful issues. The tapes also have a music-only segment.

Patients listen to the guided portion of the tape in preparation for their surgery. Following the surgery, nurses place the headset on the patient in the recovery room with the music-only tape playing. Patients are given written instructions encouraging them to listen to the tape twice daily until discharge. They are also encouraged to listen to the tapes when they are

**SOURCES**

For more information on using guided imagery tapes for surgery patients, contact:

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Note: Diane Tusek offers staff training in guided imagery and consulting on how to initiate a guided imagery program. Guided imagery tapes and CDs are also available.

A set of two adult tapes or one CD costs $16.99 plus

feeling anxious or to help with sleep. The nurses remind the patients to use their tapes. Posters in strategic areas explain to nurses how patients should be using the tapes.

"We encourage our patients to continue listening to the tapes at home after discharge. Many of our patients have problems sleeping when they go home, and some have found these tapes helpful in achieving sleep," explains Delio-Cox.

Currently, about 20% of the open heart surgery patients are using the tapes, but the program was only launched in the fall of 1999. Staff hope to set aside time to review charts and collect data on the patients who used the guided imagery tapes. They want to determine if the patients using guided imagery need less pain medication.

"It appears that some patients do require less pain medication, but we have nothing documented," says Delio-Cox. ■

# Complementary care center serves cancer patients

*The name says it all: Place of Wellness*

As more and more consumers embrace complementary medicine, health care facilities are putting in place centers for holistic healing. Although there is no simple blueprint to follow, it often helps to see what other institutions are doing to best serve patient populations. This month, *Patient Education Management* begins a series on centers for complementary care with a profile on Place of Wellness at the University of Texas MD Anderson Cancer Center. In addition to offering many complementary therapies, the center provides information on therapies it does not support to make sure consumers are well-educated.

The motivation to open a complementary care center at University of Texas MD Anderson Cancer Care Center in Houston was inspired by the enthusiastic response to the complementary care sessions at the annual conference of the Anderson Network, a patient support program. "We couldn't get rooms large enough to hold all the people who wanted to attend, so we decided that we should try to offer this on a daily basis," says **Judy Gerner**, LPT, the director of Place of Wellness at MD Anderson.

The proposal for the complementary care center was submitted to the administration in 1996. At that time, Gerner was asked to get a medical director involved and submit a formal proposal. She did, and together they garnered the support of the administration and medical staff.

A site was granted in January 1998, and the facility opened in the fall of that year. It is a free-standing building on the MD Anderson campus. The location was important because the plan was to use staff as facilitators, yet cancer patients don't want to go into the medical facility any more than they have to, explains Gerner.

Currently, all services are offered on an outpatient basis and focus on the healing ability of the mind, body, and spirit. Their purpose is to enhance people's quality of life and complement medical care. While the curriculum varies, an average of 80 different programs are offered each month.

"Our program focuses more on emotions, expressive behavior, and spiritual growth," says Gerner. Classes are offered in nutrition, art therapy, writing, Tibetan meditation, guided imagery, relaxation, aromatherapy, self-hypnosis, yoga, and Tai Chi. There's a program called "Healing Stories" and another called "Creative Memories" in which a facilitator encourages people to write down thoughts. These exercises are especially meaningful for those who are expecting that their life might be shortened by illness.

## Education key component

Place of Wellness offers educational sessions on all types of complementary therapies, even those they do not offer or support. For example, the center does not offer true healing touch or macrobiotic diets, but it does offer lectures on these topics. "Our educational focus is really on informed choices," explains Gerner. The center does not offer any invasive therapies, such as acupuncture.

This summer, Place of Wellness offered the first weekend program, which targeted a specific audience: single patients ages 25 to 45 who are living through cancer. The daylong program was a time for networking, dealing with issues, and being nurtured.

Place of Wellness is open to anyone going through the cancer experience, including family members and friends of cancer patients. All services are free, but some people are referred to other services within the system that cost money. For example, a patient might request an individual consultation with a nutritionist or an appointment at the acupuncture clinic. "We find out what the patients need, and if we can't meet their need, we will get them in touch with the people at Anderson who can," says Gerner.

Those who facilitate groups at Place of Wellness are usually employees at MD Anderson, and all volunteer their time. Gerner hopes to get funding for honoraria soon. In spite of the fact that facilitators aren't paid, criteria for teaching are stringent. Social work often conducts the support groups, nutrition staff teach nutrition, and psychology provides instruction on guided imagery. All topics fit within each teacher's job description, says Gerner.

"If a class falls outside the job description for which they were hired at MD Anderson, they must be licensed and credentialed in that area," she explains. Those outside the medical center, such as Tai Chi instructors, must have the highest licensing and credentialing they can obtain within their discipline. If there are no strict licensing requirements for the discipline, Gerner examines the person's experience and where the person has worked. She also interviews people who have worked with the practitioner.

Although 11,000 people are expected to use Place of Wellness this year, it is still important to promote the center's services. To do so, Gerner attends staff meetings to provide brief inservices on the complementary care facility. She also periodically opens the center to staff so they can try the different therapies. She also floods the market with calendars of the class schedule that include a brief description of each class on the back of the flyer.

When the center was being organized, Gerner established a steering committee that included the heads of those departments that had services that might overlap. This includes social work, patient education, and rehabilitation services. "The steering committee has helped to guide the process of how we structure our center and the types of programs we bring," says Gerner.

There are many benefits to complementary therapy. It shows that an institution understands the emotional, psychological, and spiritual needs of patients, and allows people to get some control back in their lives. It also helps patients understand the difference between healing and curing. While they may not be cured, they can be healed, explains Gerner. "People come to understand that there are steps they can take that enhance their quality of life or even give them back a quality of life in a new dimension or more enhanced dimension," she says. ■

**SOURCES**

For more information about Place of Wellness, contact:

- **Judy Gerner**, LPT, Director, Place of Wellness, University of Texas MD Anderson Cancer Center, 1515 Holcombe, Box 216, Houston, TX 77030.

# Education topples compliance barriers

*Ways to address resistance to medication adherence*

Education can topple many of the obstacles to pediatric medication noncompliance. What's important to remember is that it takes more than intellectual knowledge to change a person's behavior.

"Often, a parent knows a lot about a medication but is not administering it correctly," says **Phyllis Slutsky**, RN, MN, MEd, manager of the community Asthma Prevention Program at Children's Hospital of Philadelphia.

There are many reasons for parental noncompliance. Some parents have strong beliefs or misconceptions that prevent adherence. For example, with asthma medication, it is difficult to convince parents that it is important to give children the preventive medicine because the child has no symptoms.

There are two types of asthma medicine: long-term-control medicines and quick-relief or rescue medicines. "The biggest problem with asthma management is that most children are undertreated on the preventive side and overtreated with the quick-relief medicines," explains Slutsky.

Children will take their quick-relief medication every couple of hours for coughing and wheezing because they aren't taking their long-term

In the fourth of a series of articles on medication education, *Patient Education Management* focuses on pediatric medication and compliance. In this piece, we discuss barriers to compliance and the key components of education that help to overcome them. In our May issue, we covered the special educational needs of the senior patient population; in June, we focused on Coumadin, a trademark for warfarin sodium, an anticlotting drug; and in July, we discussed pain medication.

control medicine, which is what they need to stop the symptoms. To overcome this problem, Slutsky teaches the physiology of asthma, explaining that it is a problem of inflammation. She uses pictures to illustrate the swelling and discusses how the quick-relief medications simply open the airways, but they don't treat the swelling, which contributes to the asthma attacks.

### Parents can teach parents

She uses parent-to-parent teaching as well, because there is always at least one parent in the class who can discuss how his or her child got very sick because the parent only administered the quick-relief medication, which treats the symptoms — not the underlying cause of the problem.

Some parents refuse to give their child a drug because they think it is not safe, says Slutsky. This is particularly true of asthma because steroids have received a lot of bad press, and side effects used to be a problem because of the way the medicine was administered. "Today, the preventive medications are inhaled steroids and have very few side effects, because they don't go through the bloodstream and very little of the medications are absorbed by the body," she explains. In the community asthma class, Slutsky asks how many parents refused to give their children steroids. About 50% of those attending always raise their hands.

To ensure that parents will give their child the medication, health care professionals need to do more than explain the purpose of the medication; they need to explore the parents' beliefs about it, says Slutsky. Do they feel it will be beneficial? Are they worried about side effects?

Compliance is complex, agrees **Fran London**, MS, RN, health education specialist at Phoenix (AZ) Children's Hospital. First, the parent has to understand and agree with the diagnosis and treatment. Then the parent has to understand why the child should take the medicine. "Without mutual agreement on these basic issues, you may not get very far," she says.

While the parent may be willing to give the child the medication, the child is not always willing to take it. "We usually get child life involved to help with sticker charts or other types of positive reinforcement attempts," says **Mary Wooten**, RN, BSN, hematology/oncology outpatient nurse manager for Children's Healthcare of Atlanta.

### Give children choices, explanations

If the child doesn't like the flavor of an oral medication, there are creative ways to mask the taste, such as using cherry or chocolate syrup. To help with buy-in, a child as young as 3 years old should be involved in the education process and given a choice of whether the child wishes to take a liquid or chewable medicine, if possible. The child can be given a simple explanation for the reason he or she is taking the medicine, such as, "It will help make your tummy feel better," explains Wooten.

Parents need to understand how to administer the medication correctly. If a liquid medicine is being given to an infant, the health care practitioner should demonstrate how to draw the medication to ensure the right amount is given and then have the parents demonstrate, says Wooten.

It's important to evaluate the understanding of what was taught. Have the parent repeat the

### SOURCES

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information in his or her own words, and then ask the appropriate questions to clarify understanding, says London. For example, ask parents to explain the meaning of the phrase, "Take the medicine until it is gone." "Even if the parent has a PhD, don't assume when the parent says, 'I understand,' the understanding is accurate. Explore it," she advises.

Even when all family members agree that the medicine should be taken, finances can prove a hindrance. Find out if the family has transportation to the pharmacy and the money to pay for the prescription, urges London. If there are problems, the social work department can be alerted.

When the education is complete, give parents written instructions, but make sure the one-on-one instruction took place first. "Because of time constraints, the education often consists of handing parents print materials, and that is not adequate," says Slutsky. ■

# Facilitation key to stellar discussion groups

*Observers must not get sucked into content*

Facilitating group discussion may seem like an easy task, but it isn't. Whether or not the group meets its goals and the discussion time is productive and meaningful for each person depends on the skills of the leader.

"The No. 1 issue for group facilitators is to understand the group process. Without a clear understanding of group process, the facilitator gets sucked into the content of the group, which is what people are talking about, rather than what is actually going on in the group," says **Patrice Rancour**, MS, RN, CS, a mental health clinical nurse specialist at Arthur James Cancer Hospital and Richard Solove Research Institute in Columbus, OH.

In a support group setting, the facilitator's function is to observe out loud what he or she is witnessing and throw it back to the group without interpreting the information. For example, in a cancer survivors support group, if someone shares the news of a cancer recurrence, the facilitator might say, "I noticed that you all became silent after Don's news. What is that all about?" Without proper training, the facilitator won't know how to pick up on opportunities for discussion or what to do when they occur, says Rancour.

To create a productive discussion time, it is important to establish guidelines at the very beginning of the group session, says **Shirley Otis-Green**, ACSW, LCSW, a clinical social worker in supportive care and palliative medicine at City of Hope National Medical Center and Beckman Research Institute in Duarte, CA. For a support group, the rules might specify that all information shared is confidential; people can choose to participate to the degree they are comfortable; and the group offers options for problems rather than giving prescriptive advice.

Otis-Green has each group member sign a written copy of the guidelines to acknowledge that he or she heard and understood them.

The ground rules often can be used to keep the discussion on track. For example, if a member is telling someone how to fix a problem, he or she can be reminded that the purpose of the group is to explore options, says Otis-Green. While ground rules help create an atmosphere for discussion, it is still the facilitator's job to pay attention to group dynamics.

The facilitator must be aware of who talks to whom, who monopolizes the conversation, who doesn't talk at all, how the group handles issues of power, and which topics the group considers taboo. **(To learn how to draw people into the conversation and handle those who monopolize the discussion, see article on p. 95.)**

## *Taking clues from group process*

Once group process is observed, the facilitator will draw on learned techniques to overcome problems. If a group member shares something that is very personal and discussion stops, the facilitator must try to generalize the information so more people can identify with it.

For example, if someone tells the group she just had a miscarriage, the facilitator might focus on the fact that it was a major loss for this woman. While other group members may not have had a miscarriage, most would have experienced a major loss.

"A good facilitator is able to take something that is individual and see if there are lessons we can apply to the rest of us or explore more where

we have common ground in sharing," says Otis-Green. To make the group meaningful for everyone, the facilitator must help people understand how fixing one person's problem helps them.

It is important for the facilitator to keep the discussion focused. If someone goes off on a tangent, the facilitator must be able to bring the discussion back on topic, says **Kate O'Malley**, BTE, training/performance consultant with the department of Organizational Development and Improvement at City of Hope National Medical Center and Beckman Research Institute in Duarte, CA.

To do so, the facilitator might simply ask the participant how the information connects to the topic. If it doesn't, he or she would summarize what the group is talking about to get it back on task. "Someone may be on what I think is a tangent, and it may in fact not be. Therefore, the facilitator must help participants focus and show how what they are saying has relevance to the topic," she explains.

It is up to the facilitator to know techniques that will help the group move forward, such as those for problem-solving, says Rancour. For example, group members might engage in role-playing. "If people are feeling stuck, you can move them into a different kind of learning. Having others watch how people handle stressful situations is a way to learn," she explains. ■

### SOURCES

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# Tips for handling discussion problems

*Ways to cool talkers and involve those who are mute*

Any group is likely to have people who will participate a lot, as well as those who are less likely to participate. "A group facilitator will want to encourage that variable to a degree, because you want people to feel that they are in a safe place, and different topics are going to warrant different amounts of discussion," says **Shirley Otis-Green**, ACSW, LCSW, a clinical

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social worker in Supportive Care and Palliative Medicine at City of Hope National Medical Center and Beckman Research Institute in Duarte, CA.

While different topics will prompt different amounts of participation from group members, the facilitator will want to be on the alert for people who are at the ends of the spectrum — either monopolizing the conversation or never talking. If certain people continually monopolize and others don't contribute, the group will not be functional. "The goal is to make sure everyone's voice is heard and all have an opportunity to speak," says Otis-Green.

There are certain techniques to make sure all group members have a chance to participate in discussion. Following are a few tips:

• Move the focus of the group from the person who is dominating by asking the speaker to hold the thought and inviting another member to comment on his discourse. For example, the facilitator might say "Mary, you have been very thoughtful listening to Peter speak, do you have something to contribute," explains Otis-Green.

• Often, a person who participates a lot has much to contribute but needs to give others a chance to speak. In this case, the facilitator might contact the member outside the group to explain that the member's input is valuable, but he or she needs to give others an opportunity, suggests **Kate O'Malley**, BTE, training / performance consultant with the department of organizational development and improvement at City of Hope National Medical Center and Beckman Research Institute.

• Direct the discussion away from the person who monopolizes the conversation by calling on another person or looking in the direction of someone else when you ask a question, says O'Malley.

• Ask the talker closed-ended questions that can be answered in one or two words.

• When someone is dominating a group, redirect the conversation, advises **Patrice Rancour**, MS, RN, CS, a mental health clinical nurse specialist at Arthur James Cancer Hospital and Richard Solove Research Institute in Columbus, OH. Notice who hasn't had a chance to talk, and draw that person into the conversation with a comment such as, "I noticed you were nodding, what are your thoughts on the subject?" Some people must be drawn into the conversation in order for them to participate. The facilitator should proactively invite such people to speak, explains Rancour. ■



## CE objectives

After reading *Patient Education Management*, health professionals will be able to:

• identify management, clinical, educational, and financial issues relevant to patient education;

• explain how those issues impact health care educators and patients;

• describe practical ways to solve problems that care providers commonly encounter in their daily activities;

• develop or adapt patient education programs based on existing programs from other facilities. ■

Focus on Pediatrics
PATIENT EDUCATION MANAGEMENT'S MONTHLY SUPPLEMENT

# Catch eating disorders before it's too late

*Build teens' self-image and look for signs of trouble*

Eating disorders are on the rise in young women, according to data collected by researchers at the Mayo Clinic in Rochester, MN. The National Center for Health Statistics estimates that about one in 100 females between the ages of 12 and 18 have anorexia. About 1,000 women die of anorexia each year, according to the New York City-based American Anorexia/Bulimia Association.

People with anorexia are obsessed with weight loss and fear of becoming fat. They diet excessively, becoming so thin that all normal fat padding is lost. In response to the starvation, the body stops certain processes. Blood pressure falls, breathing rate slows, menstruation ceases, and activity of the thyroid gland diminishes.

Rather than starving, people with bulimia binge on food and purge it afterward. A bulimic binge averages about 3,400 calories in a little over an hour, while the normal food intake for teenagers is 2,000 to 3,000 calories a day. In order to keep from gaining weight, bulimics purge their bodies by self-inducing vomiting or using laxatives.

Staff at Eating Disorders Awareness Prevention (EDAP) in Seattle receive many calls from teens who suffer from eating disorders. After listening to these teens' stories, EDAP staff have come to the conclusion that successful treatment of eating disorders is difficult. "After someone develops an eating disorder, it is difficult for him or her to have successful treatment. It is possible, but it is a tough road," says **Caitlin Cowden**, program coordinator at EDAP. "As an organization, we feel that prevention is the key to ending eating disorders. We feel it is extremely important to prevent it from ever happening in the first place." That's why the organization has developed many educational programs and materials aimed at preventing eating disorders.

Prevention requires education, not only of the children who might develop the disorders, but of parents, physicians, teachers, and any other adults who may affect a child's life. While most adults would not contribute to an eating disorder on purpose, they may say unhelpful things without thinking of the consequences. For instance, an overweight mother may vocally refuse to go swimming because she thinks she's too overweight to be seen in a bathing suit in public. "Parents shouldn't avoid a commitment or activity because it calls attention to weight or shape," explains Cowden.

There are many things parents can do to prevent eating disorders from occurring in their children. They can make sure their attitudes and behaviors toward their own body size and shape don't send the wrong message to their child. If they are constantly going on diets, they are showing the child that no matter what we look like, our bodies are not acceptable, explains Cowden. Parents should discuss with their children the importance of eating healthy meals. They also need to teach their children that exercise is important, but it should be fun.

Teaching children to be media-savvy can also prevent eating disorders. "Teaching kids to be critical of the media can start at a young age when they see commercials for toys and want them," says Cowden. By helping them to understand that what the toy does on television is not necessarily what the toy will do when it is purchased and brought home makes them become aware of the deception of ad campaigns.

One of EDAP's most successful educational programs for young girls also focuses on media literacy and advocacy. Go Girls!, designed for girls in grades 9-12, focuses on body image and self-esteem and trains teens to look critically at media and advertisements. Each group of participating girls is encouraged to choose a project that focuses on either a positive or negative aspect of a media campaign. "Some of the girls focus their media literacy skills on retailers and talk to them about the mannequins in their displays and how that affects them with their self-esteem. It helps girls understand the impact of current media messages and their outcomes," says Cowden.

Other educational programs designed by EDAP are geared to children in grades 4-5, 4-6, and 6-7. The most popular program is called Healthy Body Image. The program teaches children to eat and to love their bodies too. The curriculum does not discuss eating disorders, but rather discusses the dangers of dieting and covers unhealthy cultural pressures regarding weight and dieting. **(For details on the EDAP curriculum, see editor's note below.)**

Children at risk for eating disorders can begin to manifest signs as early as the fourth grade. A young girl who is dissatisfied with her body is at higher risk. Other signs include practicing food-restrictive behavior, exercising compulsively, and becoming obsessed with weight, food, body size, and shape. "You want to be concerned if they are concerned with body image in general, because that is the beginning stages," says Cowden.

Signs for anorexia specifically include not eating, rapid weight loss, and an extreme fear of weight gain. With bulimia, the child is extremely concerned with body weight and shape but eats large quantities of food in short periods. While bulimic children often consume food in secret, there are telltale signs that they are purging. For example, their tooth enamel can become damaged from vomiting.

"For prevention of eating disorders, it is not just classes you offer for kids, but the education of parents and adults as well," says Cowden.

*[Editor's note: The classroom curriculum for Go Girls! and Healthy Body Image costs $45 and can be ordered from EDAP (see EDAP contact information in source box below). Brochures and handouts are also available. EDAP has a general information brochure, a prevention brochure, a brochure on how to help a friend, and a brochure on the dangers of dieting. A bundle of 50 brochures costs $10. A packet of informational handouts that can be reproduced, including one providing tips for parents, costs $10.]* ■

**SOURCES**

For more information about eating disorder prevention, contact:

- **Caitlin Cowden**, Program Coordinator, EDAP, 603 Stewart St., Suite 803, Seattle, WA 98101. Telephone: (800) 931-2237 or (206) 382-3587. Fax:

# Make plans for Eating Disorders Awareness Week

*Raise awareness to change dangerous behaviors*

Each year during Eating Disorders Awareness Week, organizations across the nation plan events to draw attention to this chronic health problem. One community staged the Great Jeans Giveaway, and encouraged everyone to bring an old pair of jeans that no longer fit as a donation to charity. "The purpose was to encourage them that instead of dieting to squeeze into clothes that don't fit, they should get rid of them," says **Caitlin Cowden**, program coordinator for Eating Disorders Awareness and Prevention (EDAP) in Seattle.

Some organizations have hosted body fairs with such activities as massage therapy and face painting. Others have covered all bathroom mirrors with butcher paper and written messages on the paper that create awareness of eating disorders. Each year, EDAP assembles packets of information to aid professionals in their teaching. Curricula in the past have included presentations on how to help a friend and on the dangers of dieting. The packets include good ideas for events that fit all types of schedules, whether there are two months to plan or two weeks. **(For information on the packets, see editor's note below.)**

A conference for training coordinators for Eating Disorders Awareness Week will take place Sept. 14-15, 2000, in Scottsdale, AZ. The theme is celebrating diversity in size, color, and gender, and workshops will concentrate on outreach that targets ethnic groups. Speakers will cover gender inequity in the classroom, how eating disorders and suicide interact, and the effect fathers have on daughters in eating disorder prevention.

Eating Disorders Awareness Week is Feb. 25 - March 4, 2001.

*[Editor's note: Coordinators' packets for Eating Disorder Awareness Week are available from EDAP at three levels. The gold level costs $165, silver costs $110, and bronze costs $55. The conference for coordinators costs $215 and includes the gold-level coordinator's packet. Scholarships for travel and lodging are available. For more information, contact: EDAP, 603 Stewart St., Suite 803, Seattle, WA 98101. Telephone: (800) 931-2237 or (206) 382-3587. Fax: (206) 829-8501. Web site: www.edap.org.]* ■