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Therapists

The Hopevale Massage Therapy Project – An Update

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The Hopevale Massage Therapy

A community health development a for indigenous communities in Cap

In the Summer 2006 issue of *Massage Therapists*, Dein Vindigeni described the beginnings of an ambitious project for providing both massage therapy and a massage therapy training program in the remote aboriginal community at Hopevale, 46 kilometres north of Cooktown in far north Queensland. In this issue, *Massage Therapists* brings you extracts from an article by Tuesday Browell and also extracts from the full report about the project: Evaluating a massage therapy training and treatment program in a remote aboriginal community: methods and preliminary findings. Note: a full copy of this report including references is available on the AAMT website.

'We gently stroke the sad people and we vigorously rub the lethargy from those who lack vitality. The stolen generation need touch to define their emotions, the isolated crave touch to bring them back home, the disturbed need touch to settle the heart and mind, the lonely need touch to feel comforted and the little children from dysfunctional families need touch to remain healthy.' – Tuesday Browell.

'The road to a more hopeful and healthy future for indigenous Australians is clearly long and hard,' writes Tuesday Browell, massage therapist and teacher who is one of the co-authors of the report on the Hopevale project. She continues: 'The cultural elders

who remain in remote Aboriginal communities have a distant memory of the tradition of using hands to heal. The Cape York Massage Therapy Training Program (CYMTTP) which is the proper name for the Hopevale project, aims to re-introduce these traditional practices in sustainable, culturally sensitive Massage Therapy clinics throughout Cape York.'

The report explains that Hopevale is a remote Aboriginal community in northern Queensland, home to the Guugu Yimithirr people from the Cape York Peninsula. It is a community which is attempting to recover from a traumatic history in which sustained attempts were made to destroy Aboriginal culture, families and traditional livelihoods. Despite considerable investment in health and welfare facilities over the last few decades, Aboriginal and Torres Strait Islander peoples, including those in Hopevale, remain severely disadvantaged in terms of their socioeconomic conditions and their health. A report from the Australian Bureau of Statistics indicates that indigenous people represent 2.4 per cent of the total Australian population and 26 per cent of them live in remote areas. Indigenous people suffer much more disability and illness than non-indigenous people and this starts at an earlier age. For example, diabetes is four times more common and half of Indigenous people aged 45–54 years have a disability or long-term health condition. The life expectancy of Indigenous men and women is 17 years less than a non-Indigenous Australian, and their infants are three times more likely to die.

In 2005, the report explains, a volunteer massage therapy training and treatment program was established in Hopevale. Early experiences of this program confirmed some preliminary findings from a study of a chiropractic community clinic in another

remote Aboriginal community that suggested that while the relief of bodily symptoms and disability was of great importance to this population, their programs were also having effects at a wider level. For example, chiropractic treatment of low back pain also presented opportunities to help people manage the effects of co-morbidities such as heart disease and type-2 diabetes. It appeared that some of these wider effects might be similar to those found in studies of people receiving holistic therapies for chronic illness in the UK and USA.

About the program

Tuesday says that Murray College of Health Education (MCHE) in association with Hands On Health Australia (HOHA) has already successfully implemented a similar program in the Durri community of Kempsey, NSW, one of Australia's largest rural Aboriginal communities. This was done by involving mentors such as elders and community health workers, acknowledging particular cultural sensitivities of the community, and including traditional methods of healing. The 'commonsense healing place' based on the same concept in the Northern Territory's Yolngu country, adding further credence to the value of such a project.

'The Cape York Massage Therapy Training Program is frontline health at its most challenging and hopeful best,' Tuesday says. 'Acknowledging that the best thing to do with a good idea is to get on with it, we started CYMTTP in September 2005 with our first training session taking place the following month.'

Tuesday says, 'What began as a plea for help from the Hopevale community has pioneered a dream; to deliver training within and establish self-sufficient massage clinics in 17 remote indigenous communities throughout Cape York.'

Project and training initiative Cape York

‘Our project is a timely, efficient, economical, simple but well credentialed therapy that can be reintroduced to communities through the establishment of complementary and allied health massage therapy clinics and training programs with the communities ultimately taking responsibility for the operation of the clinics. The clinics are proposed to operate in a complementary and allied manner in association with, rather than in place of professional health services and medical staff and would serve to reinforce treatments and therapies through the community by the community,’ she continues.

CYMTPP has the following aims:

- To establish sustainable, culturally sensitive massage therapy clinics within remote indigenous communities throughout Cape York
- To train members of the community through Certificate IV in Massage Therapy (Indigenous Communities) supported by community mentors
- To provide members of the community with rich opportunities to practice massage therapy under the supervision of qualified staff and community elders
- To create opportunities for gainful employment through the concept of a training and treatment employment program
- To evaluate the effects of massage therapy beyond pain and disability.

A day in the life

Tuesday describes a typical day in the life of the project: ‘The massage clinic has been set up in a room at the aged care hostel in the town of Hopevale. Essential and base oils, text books, linen, cleaning products, massage tables, a foot spa, and basic stationery has been purchased by donations. Oils are an

obvious ongoing expense, as are the laundering expenses as the machines at the hostel are pay per use.

‘Depending on the road, wildlife, weather etc, we aim to open the clinic at approximately 9am and we are always met with a small group of people waiting for treatment regardless of the hour. We begin with treating those waiting and then head over to the childcare centre and kindergarten mid-morning to massage the babies and toddlers. Here the focus is on healthy touch, gentle soothing strokes, talking, laughing, singing and dancing in a safe, open area. After a full morning, we head back to the clinic and to various outstations throughout the community, including palliative care in private homes.

‘Sometimes we go out on special excursions, the community sports and fun day, or music and dance festivals. These are usually on a weekend so we set up a make-shift clinic and do pre and post-event massage.’

More about the report

In preparing the report, *Evaluating a massage therapy training and treatment program in a remote aboriginal community: methods and preliminary findings*, the method used was self-report health questionnaires and an ethnographic enquiry that included participant observation and 15 interviews with clients and key informants. The report aims to describe the program from different perspectives and develop the frameworks, procedures and processes necessary to conduct a program service evaluation that included investigation of these wider effects of treatment. The research is rooted in an understanding that to be successful and meaningful, research must be respectful of and sensitive to the cultural context. To this end, ethical permission was obtained from the Human

Research Ethics Committee of RMIT University and all participants signed informed consent. Here are further extracts from the report:

The massage therapy training and treatment program

This program is delivered in eight week blocks. It is led by Tuesday Browell (TB), massage therapist and teacher, and staffed on a voluntary basis by her, some experienced massage students from her College, and occasionally other practitioners of massage and chiropractic. Charitable funding provides for some expenses. During each eight weeks, massage is provided in a small clinic and in a number of other community settings, and local healthcare and community workers are trained to the nationally recognised Certificate IV in Massage Therapy (Indigenous Communities). This involves the assessment and treatment of commonly presenting soft-tissue conditions and the management of associated risk factors such as physical inactivity and obesity. The research period covered the second and third of these programs.

Data collection

Data was collected in three ways: self-completed health questionnaires; interviews with massage clients and other members of the community; and direct observation. The original plan, to collect data throughout the eight weeks of the massage clinic and training program March-May 2006, was interrupted by cyclones and floods which hindered research efforts and closed the program prematurely after four weeks. The clinic and program were re-established in September 2006 and research data was collected again during these eight weeks. Analysis of the data was carried out after both programs were completed.

Self-completed health questionnaires

Two brief health and wellbeing questionnaires were used, with the aim of completing them with all consenting clients who received treatment in the clinic setting, before and after an appropriate series of treatments. Massage delivered in other community settings (sports, childcare etc) was not included. The questionnaires were either self-completed or administered by a researcher or massage therapist if the participant preferred this. The questionnaires were:

- 12 Item Wellbeing Questionnaire,
- Measure Yourself Medical Outcome Profile (MYMOP).

The Wellbeing Questionnaire has 12 standard questions, each with four response options, covering the three dimensions of negative wellbeing (anxiety and depression); energy; and positive wellbeing. MYMOP is an individualised questionnaire where the client is asked to nominate the problem that they are coming for help with and one way in which it affects their daily living. The client then scores severity on a seven point scale and also scores their general wellbeing. MYMOP also asks about duration of problem and medication use. During the April 2006 program, 12 clients completed the 'before treatment' questionnaires, but the program was terminated before any follow-up questionnaires were completed. During the September 2006 program a volunteer researcher organised data collection, and 35 clients completed the 'before treatment' questionnaires. Due to a shortage of time and resources follow-up questionnaires were not completed.

Interviews with massage and chiropractic clients and other members of the community

During the April 2006 program an experienced qualitative researcher, Dr Charlotte Paterson (CP), who had no other role in the program, interviewed a purposive sample of patients and community members with the aim of including as wide a range of

experiences as possible. She also talked to people in the area outside the massage clinic and sought out other key informants. Due to the cyclones and flooding, she was only able to spend three days in the main community and another four days in the beach area. Twelve individuals were interviewed. The interviews were recorded and transcribed whenever possible, but several interviews were carried out in noisy or communal areas where this was not appropriate, in which case written notes were made during or immediately after the interview. The interviews were semi-structured and aimed to cover the issues listed in the interview guide but allow the participant to direct the flow of conversation and introduce topics which were important to them. The interview guide for massage clients asked for descriptions of their health problems and how they affected their lives; how they came to access massage therapy and how they experienced it; their experience of other treatments and of self-care; and what, if any, effects they perceived as relating to the program, both personally and within the community. Community workers were asked about their experience of the program in relation to their work role and colleagues.

Direct observation

During the seven days that CP was working and living in Hopevale, in April 2006, she made brief unstructured observational notes after each interview and at other convenient times. These included observational notes about the massage, chiropractic and the community and comments that others had made to her. During the September 2006 massage program, TB wrote three informal reports to the research team, after weeks 1, 4 and 6. These included a record of the main events; descriptions of individual and communal massage sessions and other community events; and some reflective comments. This written observational data was analysed in the same way as the interviews. In ethnographic studies

observational data is particularly useful in aiding a 'thick description' of the phenomenon under study and in understanding more about actual behaviour.

Report discussion

The massage therapy and training program interconnected with the people of Hopevale on three levels: with individuals; the community; and the wider geographic, cultural and political context. Individuals who received massage found it beneficial in terms of their physical and emotional wellbeing, and there were also a number of positive effects on the community as a whole...

1. Wider geographic, cultural and political context.

In this study, the importance of the wider geographic, cultural and political context emerged as a strong theme in the data. The lack of funding and the 'remoteness' of the community was a serious obstacle to both the research and the program itself. It also became clear that the 'remoteness' of the community was not due to physical distances, but to the lack of appropriate modern infrastructure such as roads, railways and flood schemes that could cope with the annual tropical storms and cyclones. At the personal level, the traumatic history of the community was expressed as both emotional and physical distress, but the researchers also experienced the warmth, laughter and spiritual strength of the residents and the strong commitment of many of the community workers.

The ability of the program to survive and succeed in these difficult conditions was largely due to a clear, culturally sensitive strategy and building good relationships. This approach also been shown to be important in chiropractic research with minority groups in the USA.

2. Community level

At the community level, the training aspect

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Myofascial Pain Management – Dry Needling Workshop

“Comprehensive Management of complex Musculoskeletal Pain and Dysfunction”

Presented by **Mr. Andrew Gallagher**

Melbourne Workshop

This six day training program conducted in 2 x 3 day blocks. This program is open to health practitioners with an interest in Myofascial Pain Management including, Physiotherapists, Chiropractors, Osteopaths, Myotherapists and Remedial Massage Practitioners.

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Dates: Friday 20th, Saturday 21st, Sunday 22nd June 2008, 9.00am – 5:00pm,
Friday 25th July, Saturday 26th July, Sunday 27th July 2008. 9:00am – 5:00pm,

Cost: \$1,155.00 (Including GST)

About the Presenter Mr. Andrew Gallagher is an experienced Physiotherapist and arguably Australia's leading exponent of Myofascial Pain Management Therapies since the mid 1980's. Andrew has pioneered the integration of Myofascial Therapies, including Dry Needling into mainstream manual therapy, through his numerous training courses for health professionals.

These courses have seen effective Myofascial techniques such as Dry Needling not only taken up by various Musculoskeletal Therapists, but also Medical Practitioners, Dentists, Podiatrists and Occupational Therapists.

Interstate Workshops

The six-day program will also be conducted in Queensland and Tasmania during the second half of 2008. For further information regarding Melbourne and Interstate courses please Telephone: (03) 94817426, Address: 333 Heidelberg Road. Fairfield VIC 3078. Email: theramass@primusonline.com.au

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of the program was valued not only for maintaining the massage provision, but also for offering new opportunities and a sense of positive regard and confidence in the local people. None of the individuals trained in the program were interviewed, but others described observing an increase in self-confidence and hope among these individuals. However, maintaining and practising newly acquired massage skills during the months between each program appeared difficult without further resources. The enthusiasm for receiving massage training to use at home and at work was one of several indications that the massage service served to strengthen people's interest in self-help and traditional approaches to healthcare. The massage provided at sporting events helped to motivate people to take part in sport and exercise and to prevent or treat associated minor injuries.

3. Individual level

At the individual level, many participants presented for treatment with longstanding bodily symptoms and impaired function. The therapists not only treated them symptomatically but also aimed to provide preventative care for chronic diseases such as diabetes. Similar findings emerged from studies of aboriginal people in Kempsey, New South Wales, where people were enduring high levels of pain over many years and therapists addressing commonly presenting problems such as low back pain also found opportunities to help manage the effects of co-morbidities such as heart disease and type-2 diabetes 2;4. In Hopevale, clients cited a wide range of benefits arising from this program, including improvement at both the physical and emotional level, benefits that were similar to those found among people in the UK and the USA who were using a different holistic therapy, acupuncture and Chinese medicine, for long-term health problems 5;6. The categories of changes described in the UK

study – changes in symptoms and medication; changes in energy and relaxation; and changes in self-awareness, self-confidence and self-help – are remarkably similar to the range of effects found in this study. This suggests that at an individual level holistic therapies can produce a range of effects that are not dependent on the wider context or on the specific therapy, but are more rooted in the holistic approach and on empathic and respectful therapeutic relationships. This hypothesis requires further testing.

In this study we found no negative effects of the program, but this may have been due to the small sample and the perceived association between the research and the therapists. The study is also limited by the small number of interviews and the lack of follow-up questionnaire data, both of which were due to the adverse physical and economic conditions faced by the researchers and therapists. As one of the aims of the project was to pilot the methods of evaluation, this experience of 'research in practice' is useful in planning future work. During the September 2006 program, with the aid of a voluntary research assistant, high questionnaire completion rates were obtained and baseline scores suggest that the self-report questionnaires were appropriate and may be useful in making comparisons with other surveys and intervention studies. The mean (SD) baseline MYMOP profile score of 3.8 (1) is a little lower (less severe) than people with chronic illness seeking acupuncture 4.3 (1.0) 19 and patients attending UK general practice 4.58 (1.16) 9. The mean baseline W-BQ12 total wellbeing score of 22.2 (6.7) is very similar to that found in diabetics in the UK 21 (5.8) 20 and in Japan 26.2 (6.2) 8. The conceptual model that emerged from the qualitative analysis provides an important framework for future research and, in view of the importance of the two-way interaction

at the community level, indicates that a mixed methods participatory research design may be most appropriate. However, future research is dependent on the provision of stable longer-term funding for the program.

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The authors of this report were Charlotte Paterson (Division of Chiropractic, School of Health Sciences, RMIT University, Australia and Institute of Health Services Research, Peninsula Medical School, Universities of Exeter and Plymouth, Exeter), Dein Vindigni (Division of Chiropractic, School of Health Sciences, RMIT University, Australia), Barbara Polus (Division of Chiropractic, School of Health Sciences, RMIT University, Australia), Tuesday Browell (Murray College of Health Education, Echuca, Victoria, Australia) and Gay Edgcombe (Community Child Health Nursing, School of Health Sciences, RMIT University, Australia).

How can you help?

In conclusion, the Cape York Massage Therapy Program is committed to its success, Tuesday says. She explains that it relies on the generosity of its volunteers, community support and pure dogged determination. 'She says they have recently put together a tour to incorporate volunteer work on the project with local micro tourism. If you are interested in taking part in the program (applicants must be of Certificate IV in Massage Therapy or above) or making a donation, please contact the Program Co-Ordinator, Carolyn Quinn via email at mche@impulse.net.au'