Occupational Therapy and Complementary Health Approaches and Integrative Health

It is the position of the American Occupational Therapy Association (AOTA) that numerous complementary health approaches and integrative health (CHAIH) products and practices may be used responsibly by competent occupational therapy practitioners to prepare and enhance participation and engagement in occupation by persons, groups, and populations (AOTA, 2014a). Occupational therapy practice enhances active engagement, participation, performance, and function in meaningful roles, habits, and routines in various life settings for clients. Participation is enhanced through the use of client-centered and occupation-based interventions (AOTA, 2011, 2014a).

The occupational therapy profession’s philosophical background and client-centered approach to practice supports the use of CHAIH in practice. This position paper describes the use of CHAIH as a component of occupational therapy practice while considering ethical and pragmatic matters, including continuing competency, standards of practice, and supporting evidence.

Definition

Nomenclature used by the National Center for Complementary and Integrative Health (NCCIH) and the current National Health Statistics Report reflects the evolving health care environment (Black, Clarke, Barnes, Stussman, & Nahin, 2015; Clarke, Black, Stussman, Barnes, & Nahin, 2015; NCCIH, 2016a). The terms complementary health approaches and integrative health have replaced what was formerly called complementary and alternative medicine (CAM). CHAIH include a broad range of products and practices that historically existed outside conventional medicine and generally fall into two groups: (1) natural products or (2) mind and body practices (Clarke et al., 2015; NCCIH, 2016a). Integrative health refers to the incorporation of complementary health approaches into conventional health care (NCCIH, 2016a). These definitions remain fluid to accommodate a health care environment in which previously unaccepted practices and products are now being included.

CHAIH are commonly used by the general public to avert symptoms or to manage clinical conditions that enable individuals to meet their personal responsibilities, enhance their quality of
life, and enrich their personal sense of well-being (Carlson & Krahn, 2006; Ho, Rowland-Seymour, Frankel, Li, & Mao, 2014; Okoro, Zhao, Li, & Balluz, 2013; Purohit, Wells, Zafonte, Davis, & Phillips, 2013). Acupuncture and Asian medicine, chiropractic, massage therapy, direct-entry (home birth) midwifery, and naturopathic medicine are the licensed CHAIH professions with established scopes of practice that are recognized by a federal accrediting agency and regulated individually by state (Academic Collaborative for Integrative Health, 2013). Occupational therapy requires that practitioners obtain the requisite training, credentials, or licensure for all CHAIH included in an occupational therapy plan of care.

**Use within the Scope of Occupational Therapy Practice**

The scope of practice of occupational therapy is broad and varied. The profession of occupational therapy values active engagement in meaningful occupations as a means to enhance health, well-being, and participation in life. *Occupation* is broadly defined as any daily life activity that is meaningful, valuable, or satisfying to an individual, group, or population (AOTA, 2014a). Occupations occur within unique contexts and environments and are dependent on individual client factors, performance skills, and performance patterns. Occupations include activities of daily living (ADLs), instrumental activities of daily living (IADLs), rest and sleep, education, work, play, leisure, and social participation (AOTA, 2014a).

CHAIH may be used as preparatory methods and tasks (e.g., deep breathing, guided imagery, or yoga for stress reduction prior to ADLs), occupations (e.g., mindfulness or meditation for pain reduction), and activities (e.g., standing yoga poses or tai chi for standing balance during occupations) when incorporated into an overall occupational therapy plan of care that supports a client in active engagement and participation in meaningful occupations (AOTA, 2014a). Collaboration with the client and careful consideration of client factors, performance, skills, and performance patterns within the client’s context are essential when selecting and implementing CHAIH as part of planned interventions. These ensure client-centered practice that respect client values, beliefs, experience, and contexts that influence participation (Mroz, Pitonyak, Fogelberg, & Leland, 2015).

Incorporating CHAIH into occupational therapy interventions must be done in the context of an overall occupational therapy process and plan of care. This requires occupational therapists to perform an initial evaluation that begins the collaborative process of exploring the client’s
unique characteristics and goals and identifying occupational performance problems (AOTA, 2014a). An intervention plan is established and implemented to address identified goals and targeted outcomes that support improved performance and enhanced participation in desired occupations. The client’s response to the interventions is monitored, and progress toward achieving his or her goals is reviewed (AOTA, 2014a). Occupational therapy practitioners are obligated to determine if the selected CHAIH are congruent with the client’s cultural practices, priorities, or needs and that they positively affect health, well-being, and participation in life. Additionally, the selected interventions must align with the client’s health perspectives, be safe to use, and be within the scope of occupational therapy practice (AOTA, 2011).

The determination of the appropriateness of the CHAIH intervention begins in the evaluation and continues throughout the intervention and outcome assessment process, as with all therapy interventions, to monitor progress toward achieving goals. Occupational therapy practitioners are encouraged to collaborate with other team members, including those from other professions, which provide CHAIH interventions that could be benefit the client and are outside the scope of occupational therapy practice.

Research

Supporting evidence for the application of CHAIH in occupational therapy has been growing. Yoga and massage used as sensory-based interventions have been shown to reduce maladaptive or negative behaviors in children with mental health conditions or autism spectrum disorder in school-based settings (Arbesman, Bazyk, & Nochajski, 2013; Case-Smith & Arbesman, 2008; Koenig, Buckley-Reen, & Garg, 2012; Weaver, 2015). When combined with massage and relaxation, yoga has increased self-confidence and communication in children with behavioral difficulties (Arbesman et al., 2013). Touch-based interventions have enhanced social–emotional development and physiological stability among infants and have reduced aggressive behaviors and social problems with preschoolers (Case-Smith, 2013). Guided imagery used in combination with coping skills has increased socialization among socially rejected or withdrawn first graders in Mexico (Arbesman et al., 2013).

Yoga has been shown to significantly reduce anxiety among children, adolescents, and adults with varying results among populations and clinical conditions (Chugh-Gupta, Baldassarre, & Vrkljan, 2013; Weaver & Darragh, 2015). Yoga has improved balance and selective attention
among people with multiple sclerosis (Yu & Mathiowetz, 2014). When grouped with strengthening and exercise, yoga and tai chi has improved upper-extremity functioning, balance, mobility, and participation with those with motor impairment poststroke (Nilsen, Gillen, Geller, Hreha, Osei, & Saleem, 2015). Tai chi has reduced the frequency, risk, and fear of falling in adults and enhanced motor skills with adults with Parkinson’s disease (Chase, Mann, Wasek, & Arbesman, 2012; Foster, Bedekar, & Tickle-Degnen, 2014). Noncontact therapeutic touch and mindfulness also have been shown to decrease the intensity of pain (Hardison & Roll, 2016; McCormack, 2009; Padilla, 2011). Aromatherapy, in combination with calming music during ADLs, has been found to reduce agitation and other neuropsychiatric symptoms among people with Alzheimer’s disease (Padilla, 2011).

**Ethical Considerations, Continuing Competency, and Standards of Practice**

AOTA’s *Occupational Therapy Code of Ethics* mandates high ethical and performance standards, holding occupational therapy practitioners responsible for providing services within the scope of occupational therapy practice and within each practitioner’s level of competence (AOTA, 2015a). Occupational therapy practitioners are responsible for acquiring specific CHAIH knowledge and training to ensure complementary health approaches are safely and effectively incorporated into occupational therapy practice (AOTA, 2015b).

In addition, occupational therapy practitioners are responsible for maintaining continued competency in both occupational therapy and any CHAIH being integrated into care plans. This is accomplished through the pursuit of new knowledge, application of research findings, and critical reasoning when making clinical decisions, integrating evidence-based practices, and updating performance skills that are necessary to meet the needs of clients and the profession (AOTA, 2015b). Establishing interpersonal skills for effective interactions and collaboration with clients, families, and health care professionals of diverse backgrounds and varying health perspectives is requisite for promoting best client outcomes and client safety (AOTA, 2015a, 2015b).

Occupational therapy practitioners are required to practice in accordance with federal and state laws, relevant statutes, regulations, and payer policies (AOTA, 2014b, 2015c). Incorporating CHAIH into occupational therapy interventions necessitates awareness of additional regulatory
requirements required for practice, such as licensure or certification and scopes of practice for licensed CHAIH professions, and how the CHAIH approach integrates into the occupational therapy plan of care (AOTA, 2015c). Incorporating CHAIH into occupational therapy interventions necessitates awareness of additional regulatory or professional requirements for practice of such approaches, including education, training, and supervised practice, as well as any legally defined scope of practice of licensed CHAIH professions (AOTA, 2015c). The risks, benefits, and potential outcomes of occupational therapy interventions including CHAIH must be disclosed to clients as part of client-centered, evidence-based practice (AOTA, 2015c).

Summary

Occupational therapy enhances clients’ active engagement, participation, performance, and function in meaningful occupations. Numerous CHAIH products and practices may be used responsibly by competent practitioners to enrich participation in meaningful life roles. Additional training, credentials, or licensure is necessary when incorporating CHAIH that fall outside of the scope of occupational therapy practice. Referral to and collaboration with CHAIH specialists is encouraged for ensuring coordinated and appropriate care for clients.

Evidence-based CHAIH may be used as preparatory methods, tasks, occupations, and activities when supporting active engagement and participation in meaningful occupations (AOTA, 2014a). While scientific evidence for use of CHAIH is growing, additional depth and breadth of research is needed to describe and support the efficacy of occupational therapy interventions that include complementary health approaches. The responsibility of occupational therapy practitioners for developing and maintaining clinical competence, incorporating current evidence, and using sound clinical reasoning is heightened with this emerging and evolving area of practice.

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A copy edited version is being prepared for publication.


References

Academic Collaborative for Integrative Health. (2013). Clinicians’ and educators’ desk reference on the licensed complementary and alternative healthcare professions (2nd ed.)


Additional Resources

2. CAM on PubMed: https://nccih.nih.gov/research/camonpubmed
3. Cochrane library: http://www.cochrane.org/search/site/