

FRAMEWORK OF THERAPY

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THE FRAMEWORK OF INTEGRATIVE BODYWORK

Integrative Bodywork is a process. Sometimes it is quicker. Sometimes it is prolonged. Whether it is about dealing with a small problem or a chronic illness, it always has these steps:

- ❖ Goals
- ❖ Assessment
- ❖ Planning
- ❖ Treatment
- ❖ Re-assessment
- ❖ Closure

Although it is not linear, this process should start with understanding the goals of the client and end with closure. Refining goals, assessment, planning and treatment overlap and become interdependent as treatment continues.

Define your job

Plan to succeed

Do your job

See if it worked

Help them understand

Our primary approach is a structural perspective. We need to keep in mind its influence on the mind and biochemistry is important. Creating a proper framework for therapy helps the process to stay balanced and on track. When we are too focused on the treatment part of the session, we are ignoring a big part of the therapeutic process. Goals, subjective assessment, therapeutic communication, and closure are all parts of connecting the client with the integrative process.

GOALS

When a client expresses their goals, the practitioner is hearing why the client is investing in therapy

Clients come to therapy with needs. Therapists have capabilities. In the beginning, the therapist and client are looking to see if the therapist's capabilities meet the client's needs. Client's stay with the therapist until they feel that their needs are met or that their needs cannot be met by the therapist.

A client may present with a low back problem that seems like it should be naturally addressed by massage. During the intake, the client may reveal that she is pregnant. If the therapist is not properly trained, the client's needs do not match the therapist's skills.

Clients come to therapy when they would like for the activities of daily living to improve. This can cover a broad spectrum. Some of them simply want to relax for an hour. Others would like to resolve chronic dysfunctions of the mind and body. Most clients fall somewhere in between those extremes.

Sometimes the client implies some of their goals while they are explaining their symptoms. It is important that the therapist verifies and is explicit with these goals.

It is common that the client comes to therapy to address a headache problem and talks about low back pain at the same time. It is important to establish if the client expects the therapist to address both problems. It is also important that the client states which problem is the priority.

When a client is not clear about their goals, it is difficult to know if their goals have been met

It is useful when we can glean more out of less information but implied goals can be a real problem. The therapist may believe that the client is looking for a soothing full body massage with soft music rather than an active session with more testing, clothing and conversation.

The client may be much more interested in the active session, especially if there is greater relief.

Simple questions like, "do you think you'd do home exercises if I gave them to you" or "do you prefer that I work with you while you are clothed or would you prefer more traditional massage" help to establish the context of the session.

It is the practitioner's responsibility to get informed consent. This means that implied goals should be minimized. See Therapeutic Communication.

Therapeutic relationships improve when the goals of the client and the goals of the practitioner are aligned.

Clients get satisfaction when the client's goals are met. Practitioners get satisfaction when the practitioner's goals are met. When those goals are not aligned, someone is not satisfied.

A therapist may be interested in techniques that were recently acquired, instead of tried and true techniques. The client may be there for deep muscle work when the therapist uses energy techniques. The therapist may be interested in seeing seven clients a day but is tired and cranky after three or four. In all these cases, their goals are not aligned.

When clients are not satisfied, they are less likely to return. Fortunately, many clients are satisfied with a therapist is responsible and productive. They are even more satisfied when that effort meets their goals.

A client will often present with a chronic problem that has been there for years. The client probably does not expect immediate, permanent relief. They probably expect the therapist to attempt to solve it anyway. The client often returns because they feel that the therapist is treating responsibly even if the therapist is not solving the problem.

When the therapist is not satisfied, work is not an interesting and productive way to pass time.

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Therapy becomes a chore. Fortunately, many therapists are satisfied when they are responsible and productive. They are even more satisfied when the client is satisfied and wants to continue to invest in therapy.

If the seasoned therapist knows that a foot problem usually takes several treatments, they can speak about that confidently. This manages the client's expectations and helps them feel better about continued treatment.

EVOLVING GOALS

Even when the client has been seeing the therapist for a while, it is helpful to cover the immediate and long-term goals, even if it is done briefly. The immediate goals are important to

create expectations for the session. These immediate goals should fit in with long term goals.

Bodywork accommodates goals on three basic levels:

- ❖ Relaxation - helps the body become parasympathetic dominant, which promotes healing
- ❖ Pain management - helps the body function with less irritation and functional restriction
- ❖ Wellness - helps a body that works well to improve its performance and become less likely to become impaired. Improved structure and performance are common wellness goals.

ASSESSMENT

Assessment is a process where the practitioner evaluates the playing field to develop a game plan

Both subjective and objective assessment gives the therapist information about the condition of the person's mind and body. This process usually starts with subjective assessment and quickly becomes a mix of subjective assessment, objective assessment and understanding goals. This helps to clarify the next step - creating a plan.

Like goals, subjective and objective re-assessment at the beginning of each session is an important part of setting the direction of therapy and managing client expectations.

SUBJECTIVE

In subjective assessment, the client expresses what they think and feel about their condition

In subjective assessment, the client tells the therapist about their problem. This is often intermingled with their goals. It is common that a client points out an activity that hurts and reflexively adds that they would like that to be fixed as well.

Subjective assessment usually tells the therapist about things that they could not otherwise figure out. Descriptions of the area of pain, the activities that are problematic and the onset of injury helps direct the therapist to exactly what needs to be addressed.

A client will often add strange comments about the source of their back pain. They may think it is because of something that is totally unrelated or not possible. It is important to

treat these comments respectfully, even when they are wrong and you are giving a more accurate understanding.

OBJECTIVE

In objective assessment, the practitioner evaluates the tangible condition of the client

As the subjective assessment points toward a problem, the objective assessment gives the therapist information that is more useful when it is physically tested than explained. It also helps the therapist and client connect physical things like range-of-motion or postural distortion with the clients complaints.

Objective assessment may verify the client's complaints. The therapist may find that the client complains about tight hamstrings and, in fact, has very short hamstrings.

Clients usually remember when the therapist points out a short hamstring or tight neck muscle. This helps client feels validated when the therapist connects those assessments to the client's complaints and goals.

Objective assessment may lead to the discovery of associated governors. After verifying that the client has short hamstrings, the therapist may find associated governing dysfunctions like pelvic distortions or displaced lumbar vertebrae.

Objective assessment may not directly support the client's complaint. A client complaining of tight hamstrings may have an appropriate range-of-motion in the hamstrings. This unexpected result should lead to a discussion that further helps the client and therapist to get on the same page about what they are trying to accomplish or where the pain really comes from.

PLANNING

**A successful plan defines
the sequence of actions
for this practitioner
to meet the client's goals.**

Once the therapist has enough information about the client's goals and their physical condition, the therapist can plan their work. This step is easily under-estimated and often poorly done.

The therapist's plan should contain effective techniques that they know well. If the therapist is introducing a new approach, the plan might allow time for follow-up with techniques that the therapist trusts.

The treatment plan for the neuromuscular therapist will look different from the treatment plan for the sports therapist, even when they are treating the same problem.

The client and therapist are satisfied when their goals are aligned. This means that the practitioner needs to understand how to use techniques to meet the client's goals. The practitioner needs to understand how effective they are with the techniques that they use.

If you do not know what it feels like to release the iliolumbar ligament, you probably will not be consistent in releasing it. If it does not release consistently, it is hard to create a dependable plan that includes treatment of the iliolumbar ligament.

If the client is more interested in comfort and is willing to spend more time in sessions, the therapist may choose to spend more time in symptomatic treatment and spend less time dealing with governors. This may happen when the client has is very sensitive, needs to be more even regulated and pleasant in their daily activities, less interested in home care, has more discretionary income or just likes getting comforting bodywork.

On the other hand, some clients are not as concerned about immediate comfort and look for and efficient route to long term results without spending as much time in session. This may happen when the client is more interested in home care, does not like getting bodywork, is trying to save time and money or is proud of their ability to bear pain.

**Helping the client
to understand the plan
helps them to manage
their expectations**

Revealing the plan, and major changes in the plan, help to manage the client's expectations. Revealing the plan shows the client that the therapist understands the problem and is acting with purpose. This should be done in a way that offers information at a level that is meaningful for the client. Information that is too technical or detailed can become concerning or overwhelming to the client, especially if the client would like to relax and not think too much during the session.

Simple questions like, "am I explaining too much?" or "would you like for me to give you some handouts about this?" help the practitioner to gauge the client's needs. Create dialogue that connects the client to the therapy.

Revealing major changes in the plan help the client to understand that the therapist is continuing to assess and further understand the problem. This is helpful to engage them in their treatment, especially if the problem becomes more complex than expected. Again, this should be done in a way that helps that client to feel confident and engaged in the process. Revealing every small thought about what the therapist is doing and how that might influence the therapy is usually not helpful.

TREATMENT

Treatment should align with the plan. With proper goals and assessment, the client usually has an idea of the direction of treatment, the context of treatment, and what to expect over the long term.

THERAPEUTIC COMMUNICATION

Therapeutic communication is also a key part of treatment. Without therapeutic communication, the client may be unaware of why the therapist is working in this area,

See THERAPEUTIC COMMUNICATION.

SYMPTOMATIC AND

INTEGRATIVE TREATMENT

Symptomatic techniques focus on immediate relief.

These techniques offer immediate gratification as they make the client feel good when they get off the table. Without good symptomatic techniques, the client has to go through a process of discomfort or home-care in the short-term.

Integrative techniques focus on lasting results.

Integrative techniques are about addressing governors. This changes the underlying dysfunctions that perpetuate patterns. These techniques satisfy the client's need for longer lasting relief. They may or may not offer immediate symptomatic relief.

Integrative techniques are often away from the symptomatic area and the client often needs therapeutic communication in order to understand why the therapist is not working near the symptom.

Symptomatic techniques are usually more functional in nature. They focus on changing the nervous system so that the structures move well in relationship to each other and have less irritation. Integrative techniques tend to be structural with exceptions. Structural techniques are focused on changing the shape and length of things.

See INTEGRATIVE AND SYMPTOMATIC TECHNIQUES

See STRUCTURAL AND FUNCTIONAL TECHNIQUES

RE-ASSESSMENT

Re-assessment keeps the practitioner responsible and productive.

This is an important step for the therapist and the client.

A common motivational story is about how the airplane travels. It takes off and various factors move it off course. Wind and other air traffic take it off-course so that it is off-course more than 90% of the time. The secret to getting there is that it constantly re-assesses its course until it reaches its destination.

During re-assessment, the therapist gets feedback on their treatment choices and implementation of techniques. This helps the practitioner to choose and implement techniques more effectively. This also helps the therapist change the direction of treatment when something un-expectedly throws the therapy off course.

When using a new technique, it is common that the therapist is less effective, needs longer for each step or needs more repetitions. This also happens in chronic cases where the client may have joints that are more fixated or structures that are slower to release.

In a complex joint like the atlanto-occipital, it may take several releases before the joint is functional and no longer governs other components in the system. Assess your skills as you work for consistent results.

During the course of treatment, spontaneous subjective assessment may occur and change the direction of treatment. It is important to tell

the client if there is a big change in the direction of treatment.

The client, for example, may say that they are pregnant, or that they have emotional trauma in that area. The therapist may believe that they are treating the posterior scalene, get the referral pattern of splenius cervicis, and need to adjust their position.

Often, even in cases that seem simple, the seasoned therapist may experience an unexpected governor that changes the direction of treatment.

A therapist may work to release the quadriceps only to find that it is strongly governed and difficult to release directly. This will lead the therapist to change direction. Balancing the pelvis or releasing the antagonists may be needed before returning to re-assess and re-treat the quadriceps.

Re-assessment is an important part of on-going sessions

When each session starts, goals are reviewed and the client is re-assessed. Sometimes this is as simple as saying that the symptoms are the same. It is not in the nature of patients to point out the improvements as much as they point out the problems. It often takes prompting of the therapist to see if the client had improvements at all.

Clinic notes are very useful in reviewing goals and re-assessing in a follow-up session. The client will often forget about pain that has gone away. This review, with written verification, helps the client to understand how well therapy has progressed.

CLOSURE

Closure manages expectations.

In closure, the client and therapist discuss a plan for the future, including the direction of future therapies, home care and/or alternative approaches. This is a very important part of managing the expectations of the client.

Without proper closure, the client may come to inappropriate expectations or conclusions about the treatment.

In closure, the therapist may explain why the pain may occur and what steps will be taken if it does. This helps the client to understand that the therapist is humble, responsible and knows how to handle this. The client may also need instructions about home care when the condition flares up. Confident, effective input from the therapist in this case shows experience and helps the client feel attended.