Bio – Jodi Baglien

Jodi Baglien, Certified Clinical Aromatherapist - an experienced consultant and integrative health practitioner focused on bringing Aromatherapy to its fullest potential. She provides proven training programs, within her position of Clinical Aromatherapy, innovative products such as the new “aromatherapy patch” for healthcare organizations to help them implement aromatherapy in patient/resident care.

Professional Affiliations:
- Charter member of the Alliance of International Aromatherapist (AIA)
- Member National Association of Holistic Aromatherapists (NAHA)
- Approved by the National Certification Board for Therapists Massage & Bodywork (NCBMB) as a continuing education Approved Provider
- Adjunct faculty at Normandale Community College in Bloomington, MN Integrative Therapies.
- Adjunct faculty at Center point Massage and Shiatsu School, St. Louis Park, MN
- Founder / Owner of Jodi Baglien well being + wisdom studio in Osseo, MN
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Session Objectives

- Overview of successful aromatherapy programs in Hospitals and Nursing Homes - best practices, results and research
- Key Concepts of Clinical / Holistic Aromatherapy
- Explore what a professional aromatherapy program requires to implement and if it's right for you
- Questions!
Aromatherapy in Health Care Makes Sense

- Provides an option to reduce use of psychotropic medications
- Reduce stress and agitation for Dementia and Alzheimer’s in Memory Care
- Delivers comfort care, helps relieve symptoms of pain and anxiety – naturally
- Enhances respiratory function, circulation, appetite, improves sleep
- Improves indoor air quality

Aromatherapy a Unique tool...

Essential oil therapies are the only tools in Holistic Medicine that work on all 3 levels — simultaneously...

- Physical
- Mental / Emotional
- Spiritual / Energetic

What is Aroma - Therapy?

The skillful, controlled use of pure essential oils obtained from aromatic plant materials.

- Utilizing the active bio-chemical components for their pharmacological actions.
- Utilizing the psychotherapeutic use of “scent” in a holistic framework.
- Supports the whole person, not just the illness.
- Provides symptom relief, comfort care, a portable, self soothing tool.
Defining Essential Oils

- Highly concentrated, aromatic, droplets of volatile chemical compounds extracted from the leaves, flowers, roots, bark, peels, seeds, or woods of aromatic plants.
- Plants have been used as healing agents in all cultures. Distillation of plants is a more recent use from the herbal infused oils used historically.

How highly concentrated?

- A 10 ml bottle of Lemon requires about 50 lemons!
- 100 pounds of lavender makes 1 pound of essential oil.
- 16 pounds of peppermint creates about 1 ounce of EO.
- It takes about 60 roses to produce 1 drop of Rose Otto.

FYI – it’s the yield of the plant that primarily dictates price!

Olfactory System – What happens when we inhale oils?

When inhaled -

1. The aromatic molecules pass receptor sites, then move along the olfactory pathways to the primary targets of:
2. Neocortical pathway – where sensory processing and the perception of scent occurs – (cognitive)
3. Hypothalamic center – that regulates / governs autonomic responses and hormonal controls. (non-cognitive – blood pressure, breathing, etc.)
Olfactory System – Direct Route to the Limbic System

Depending on the molecules shape and electromagnetic impulses of the selected oil - these impulses trigger neurochemicals such as endorphins that:

- may stimulate, or calm, helping to restore emotional balance (initiates a bio-chemical response)
- may bring about a physical, mental or emotional change or response.

These changes can also signal you to restore appetite, change body temperature, reduce stress levels...

- The smell of smoke can release the fight or flight response releasing stress hormones – lavender helps you shift to rest and digest.
- The smell of lemon makes your mouth water.

Aromas are Powerful Messengers

“Smell and Touch are powerful messengers and penetrate the mind fog, when words can not“.
(MacMohan & Kermode 1998; from Jane Buckle, PhD, RN Clinical Aromatherapy)

Rosemary (Rosmarinus officinalis) and other fresh, sharp, pungent aroma's help improve and stimulate mental alertness.

When applied topically...

- Essential oil molecules are tiny, can permeate skin (into hair follicles) which passes into the bloodstream, then into entire system.

  Question - do you know how much of the applied essential oil absorbs into bloodstream?

- Safety first! Use of EO’s on frail and elderly skin requires proper dilution with carrier oil!
Does One Aroma Fit All?

You may choose an essential oil based on its known therapeutic actions for emotional / mental symptoms - but the actual response - outcomes are subjective!

- Individual responses may be influenced by their own "smell memories"
- Using auto suggestions
- Discovering scent triggers
- Using "too much" essential oil can overstimulate individuals.

We all have smell preferences!

Your Overall Goal?
Successful Aromatherapy Program Findings
Allina Health with Penny George Institute for Health and Healing Research

- 21,554 aromatherapy applications delivered to 15,825 patients
- Symptoms focused on - Anxiety, Pain, Nausea
- They started the program using 4 essential oils
- Measured with 0 -10 scale - pre and post treatment
- With 20,000+ applications - NO negative side effects reported - (numbers to date - over 50,000 applications)
- Program has grown to include blends, patches

Results of Allina Health Systems
Change in pain, anxiety and nausea outcome measures.

- 32.45% decrease in pain
- 47.39% decrease in anxiety
- 50.61% decrease in nausea
**Patient Satisfaction - Pilot in Med Surge**

Aromatherapy Patch Pilot – Regions Hospital St. Paul started March 2014

- 86% (314) found the patch to be helpful for the intended purpose
- 87% (321) said that having aromatherapy enhanced the surgical experience
- 94% (345) said that aromatherapy should continue to be offered to patients

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**Nursing Home Spotlight**

Wishek Living Center – North Dakota

**What was your reason for starting aromatherapy?**

We were triggering at 34% of our residents receiving antipsychotic medications two years ago. We were challenged by our State Quality Management Company to lower our numbers. Aromatherapy is accepted as a new trend via CMS is to utilize alternative measures.

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**Spotlight Wishek – Start Up Hurdles**

- Admin and staff buy in
- Therapeutic intervention an the need for education
- Costs – proving financial benefits
- Sustaining the program
Methods of Application being Used

- Began with cotton balls, inhalers for individualized needs - Now using patches, “dignity” issues
- Light use of diffusers in nursing stations to refresh staff and in common areas for well being benefits for all
- Essential oils applied topically, properly diluted for intended use.

Why the Aromatherapy Patch?

- Simple, prefilled, just stick on clothing
- No overwhelming aroma for others.
- No dermal absorption
- Single Use – lasts 6-8 hours
- Patented technology maintains the pure therapeutic quality of the essential oils.
- Looks better than cotton taped to clothing!

Wishek – Reducing Pain Meds Case Study

- Resident #1602 in the month of July used Tramadol a total of 13 times from the 1st through 10th
- Since she started on Comfort Massage oil she has utilized Tramadol 6 times in 10 days! Over a 50% reduction in the usage of pain medication.
Wishek Living Center - Results and Follow up

- "Our greatest benefit has been that our quality measures have dropped in the past 2 years!"
- "Family are very satisfied with our use of oils as it limits the usage of medications in their loved ones".
- Initially reluctant staff, now asking for aromatherapy for anxiety and pain needs for residents.
- They are continuing to learn, expanding their uses of oils, better able to address individual needs now that they have experience.

Health Department Compliant?

An email for the Aroma therapy Champion – Cindy G.

"Well we just had our annual survey from the health dept. They LOVED, LOVED, LOVED our essential oil program! They raved about our documentation and results they were able to see in the charts. They had all kinds of questions for us about training, what types of oils we use etc"…

They are taking back this information to their State department and sharing with their administration. The team told us they have never been in a building that has used oils like we are. They encouraged us to keep using them! Whoa Hoo!!!! My administrator was very happy to hear this.

Why Oils for Dementia – Alzheimer’s?

Some recent research:

- A 5 minute aromatherapy massage using a 2% massage oil reduced psychological stress levels in 11 elderly patient in long term hospitalization. (Satou et al, 2013)
- Lavender was effective in alleviating agitated behaviors in Chinese patients with dementia. (Snow et al, 2004)
Foundational Concepts of Aromatherapy

- Aroma – Therapy is a complementary / integrative therapy - supporting the body, mind & spirit

- Our goals are to reduce stress, improve well being, provide comfort, possibly thereby reducing the use of drugs …

  Not to cure or treat disease

- Reduced stress leads to reduced pain scores, lower anxiety – agitation, improved rest …

Common Uses - Physical

Physical
- Pain
- Sleep
- Fall Prevention
- Cognitive improvements
- Appetite Improvement
- Respiratory Conditions
- Comfort Care
Common Uses - Emotional

Emotional / Spiritual
- Agitation, anxious, stressed
- Depressed, foggy, confused
  (Expressive Communication)
- Connection to Nature
- Human Touch, connection
- Spiritual Care - Anointing, prayer
- Hospice – patient and family

Daily Opportunities for Use
- During activities – Lemon/Orange during Bingo!
- During therapy – apply pain oils applied before or after
- Part of AM or PM cares
- Difficult Transitions
- Stress Breaks for Staff
- Conversation Starters – what’s that aroma, what does it remind you of?
- Cognitive Enhancements
- Something New!

Should I use a Blends or a Single Oil?
- Blending oils creates a “support network” around the primary therapeutic goal of the blend, to enhance the overall effectiveness
  For example – agitated / anxious = Mandarin, and they can’t sleep = add roman chamomile or lavender to Mandarin
- Future negative / difficult smell associations are less likely with blends. For example using the single oil of Rose oil in hospice or peppermint for nausea...
- Acceptance of aroma is higher with blends.
Where do YOU begin?
- Buy In – Who needs to be on board?
- Stakeholders – What are their concerns and needs?
- Funding – No budget money? Grants? Foundation? Donor?
- Scent Policy?
- Identify the Integrative Team – Who has interest or training?
- Expertise - Is anyone on staff a Certified Clinical Aromatherapist?
- Education – When, where and how will you educate staff?
- Sustainability – How will you keep the program going?

Concerns of DIY Aromatherapy in Healthcare
- Limited knowledge of each oils therapeutic value, safety dosage, and contra indications (meds, allergies)
- Sourcing of Oils - unknown species, quality, age, or other ingredients added
- Source of Information – ingesting, using oils straight (no dilution)
- Untrained staff mixing oils into ready to use product
- How much is enough, what is too much, of which oil? Which method?
- What does a negative reaction or over exposure look like?
- How to handle a negative reaction…??
- Addressing smell sensitivities – allergies – sensitive skin
- Family / Staff bring products of unknown origin and quality
- Will you pass inspections?

A Professional Aromatherapy Program Provides
- Intelligently selected oils that respects your populations health conditions and your therapeutic goals
- Safety as a priority for staff and residents
- Variety of application methods
- Provide clear detailed training and resources for staff for current and ongoing training needs.
- Help you reach your therapeutic goals - improve your quality measures
- Provide all SDS sheets inspections
- Provide support in policy development for Aromatherapy uses.
Aromatherapy ideas to use now!

- Hand Massage
- During exercise time – diffuse stimulating and energizing oils!
- Play What's that Smell? Use oils, coffee, spices, and other simple aromas found in the home. Discuss the memories that arise!
- Stimulate appetite with aromatically infused warm washcloths given prior to mealtimes.

Research – Fall Prevention

- Fall Prevention Using Olfactory Stimulation with Lavender Odor in Elderly Nursing Home Residents:

  **RESULTS:**
  - There were fewer fallers in the lavender group (n = 26) than in the placebo group (n = 36) (hazard ratio (HR)=0.57, 95% confidence interval (CI) = 0.34-0.95) and a lower incidence rate in the lavender group (1.04 per person-year) than in the placebo group (1.40 per person-year) (incidence rate ratio = 0.51, 95% CI = 0.30-0.88). The lavender group also had a significant decrease in CMAI score (P = .04) from baseline to follow-up in a per protocol analysis.

  ([Pubmed])

Resources

- Alliance of International Aromatherapists (AIA) www.alliance-aromatherapists.org
- National Association for Holistic Aromatherapy (NAHA) www.naha.org
- www.AromaWeb.com - Information, essential oil profiles, articles, recipes, sellers of oils, aromatherapy training
- The Complete Guide to Aromatherapy - $109.00 By Salvatore Battaglia - all around best resource book to have
- Buckle, Jane *Clinical Aromatherapy; Essential Oils in Healthcare*, Elsevier 2015
- Allina Health Systems Research Poster – contact Jodi for a digital copy
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