

A Conceptual Framework of CST Outcomes, an Introduction

This information is to be used alongside the diagram of the conceptual framework of CST outcomes, created by Nicola Brough on behalf of the Craniosacral Therapy Association (CSTA). The CSTA part funded a PhD: The Warwick Holistic Health Questionnaire. The development and validation of a patient-reported outcome measure for craniosacral therapy: a mixed method study (Another funder: University of Warwick Chancellor's Scholarship Award).

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The aim of this introduction is to

- provide some background about the design of the conceptual framework of CST outcomes;
- to define the domains under discussion and
- to assist in familiarizing you with the information being presented.

What is a conceptual framework?

A conceptual framework is a “map” of all the elements that make up an idea, concept or activity. It is often used to help people organise thoughts and ideas or to group similar concepts together.

Why is having a conceptual framework important?

For us to measure change in outcomes after a course of CST, we first must identify the areas that are important to individuals having CST and what changes individuals have reported after having a course of CST. Without identifying all the key areas and concepts that make up CST, we run the risk of missing something important in the new questionnaire. This would make the new outcome measure unable to correctly measure the improvements of CST.

About this conceptual framework

This version of the conceptual framework shows our current picture of all the possible effects of having treatment of CST. It has been developed by interviewing a large number of CST clients (Brough *et al.*, 2015a) and asking them about any changes they noticed and attributed to CST. The diagrammatic presentation of the conceptual framework and its contents have been validated by both CST users and CST practitioners in focus groups and through consultation with practitioners (Brough *et al.*, 2015b). Other topics such as ‘healing, CST process and the therapeutic relationship with the practitioner’ were discussed yet in this context were not outcomes but possibly mechanisms of action and were

therefore not depicted here (Brough *et al.*, 2013). Creating a conceptual framework is an art not a science, the conceptual framework is an evolving document which is still under discussion and may change as others get interested in these topics.

Thus, 'the conceptual framework of CST outcomes' has health and wellbeing at the core with key conceptual domains of mental wellbeing, physical wellbeing (physical functioning), spiritual wellbeing (spirituality) and social wellbeing as key areas of importance to CST clients' lives.

The key domains have then been split into sub-domains to provide more details about what each domain is representing. The components connected to the sub-domains are the processes, actions or activities of how individuals relate to those aspects of their lives. The components have become questions on the Warwick Holistic Health Questionnaire (WHHQ) (Brough, 2017) a questionnaire developed to assess the changes in health and wellbeing of people having CST.

Thinking about the conceptual framework

We know that health is not static and we are constantly changing, so one of the uses of the conceptual framework is to identify how each component, sub-domain and domain is related to the other parts in some way. The arrows in the framework show some of the important relationships, but when we truly view health holistically there is no order or hierarchy in the way in which outcomes manifest.

You will note that 'symptoms' and 'energy' sit outside of the main domains, if you image that the sub-domain of symptoms could rotate to be positioned alongside any of the domains, for example: an individual may have physical symptoms (lower back pain) or psycho-emotional symptoms (depression) they will need 'energy' to enable healing to occur, hence this is also positioned outside of the domains to acknowledge the resources needed for an individual to make changes.

So, whilst everyone will experience changes in the domains in a unique way, the conceptual framework represents the most common/important of these relationships.

Useful Definitions

Health - A state of complete physical, mental and social wellbeing not merely the absence of disease (WHO, 1948). Here, health covers a spectrum from disease to wellbeing.

Wellbeing - Covering physical, mental, spiritual and social domains including a sense of vitality, undertaking activities which are meaningful and engaging, feelings of competency and autonomy, personal development good relationships with others, inner resources to aid coping when things go wrong and resilience to changes that are beyond one's immediate control (adapted from NEF, 2009).

Spirituality - Includes personal and internally focused elements such as core values, philosophy and meaning of life or the way one conducts life. It is the search for the sacred or divine through any life experience (Mytko and Knight, 1999) and connectedness to self, nature and the wider universe.

Body (physical functioning) - This is a spectrum represented by physical symptoms that may influence posture, inhibit function and mobility. With optimum physical functioning at one end of the continuum with ability and daily activities and how they are affected at the other end of the continuum (Brough N et al. 2014).

Mental wellbeing - Feeling good and functioning well, covering both psychological and emotional wellbeing, attitudes and outlook on life (FPHealth, 2010).

Social wellbeing - A sense of relatedness and connectedness to other people (NEF, 2009).

Being present - The state of being attentive to and aware of what is taking place in the present (Brown and Ryan, 2004).

Awareness - the state or condition of being aware; having knowledge: stems from the word 'aware' refer to an individual sense of recognition of something within or without oneself.

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