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Social workers treating the whole person: the need for holistic therapy coursework

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by

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MSW Clinical Research Paper

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The Clinical Research Project is a graduation requirement for MSW students at St. Catherine University/University of St. Thomas School of Social Work in St. Paul, Minnesota and is conducted within a nine-month time frame to demonstrate facility with basic social research methods. Students must independently conceptualize a research problem, formulate a research design that is approved by a research committee and the university Institutional Review Board, implement the project, and publicly present the findings of the study. This project is neither a Master's thesis nor a dissertation.

Abstract

Holistic therapies have become an integral part of everyday life in the US. We use holistic therapies for many reasons, for exercising, relaxing, and healing alternatives to the traditional. This research survey explored the use of holistic therapies by social workers who are providing clinical social work to their clients primarily in the Twin Cities region of Minnesota. Using a quantitative design, the research measured the number of clinical social workers who are now or have previously provided mental health counseling services and are using holistic therapies in addition to standard interventions. This exploratory research additionally hoped to identify the holistic therapies being used by social workers and explore the amount and type of additional education the social workers have in order to utilize each of the reported holistic therapies. A purposive sampling of licensed LICSWs since 2004, from the Twin Cities metro area of Minnesota was used. Two-hundred and seventy-four LICSW licensed social workers responded to our Qualtrics survey stating that they are all using holistic therapies in addition to the clinical social work therapeutic modalities in the care of their clients. By the response, it is obvious that all those who completed the survey have an interest in and have taken the time to learn various holistic therapies to use in the care their clients. It is critical that clinical social worker education keep up with popular methods of self-care and client care so that the social worker can best practice and have the ability to serve their clients.

Keywords: holistic, complementary, alternative, clinical social workers, education, integrative, mental health

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Holistic, complementary, alternative, and integrative are all terms in various writings that refer to, in this paper, holistic therapies. Holistic therapies have become an integral part of everyday life. We use holistic therapies for everything from exercising to relaxing, alternatives to allopathic (traditional) medicine. Allopathic is a term, often referred to as western medical treatments, and as part of our daily lives, the medical treatment most Americans are most accustomed to. More often than not, even social workers are taught that self-care is critical and essential in dealing with the stresses, counter-transference, and challenges of providing clinical social work services. In the course of accomplishing self-care, meditation, use of essential oils with massage therapy, tai chi and qigong groups and mindfulness are just some of the ways of achieving self-care that are promoted in many social work programs of study. It is critical that social workers keep up with popular methods of self-care so that the social worker can best serve their clients.

According to the National Institutes of Health's (NIH) National Center for Complementary and Integrative Health (NCCIH) office, thirty percent of adults and thirteen percent of children in the United States (US) use approaches considered to be alternative and/or complementary, often considered to be holistic approaches (9 Anonymous. 2015). The top ten used by adults in 2012 were as follows, natural products: 17.7 percent, deep breathing: 10.9 percent, yoga, tai chi, or qi gong: 10.1 percent, chiropractic or osteopathic manipulation: 8.4 percent, meditation: 8.0 percent, massage: 6.9 percent, special diets: 3.0 percent, homeopathy: 2.2 percent, progressive relaxation: 2.1 percent, and guided imagery: 1.7 percent. Of the above, top ten holistic

approaches, all have been used alone or in conjunction with other therapies with clients to manage stress, anxiety, and/or to achieve relaxation.

The National Association of Social Workers (NASW) Code of Ethics dictates that, as social workers, we are compelled to provide the best care for clients while also promoting the ongoing education of our profession (NASW, 2008). The National Alliance on Mental Illness (NAMI) cautiously recommends complementary, alternative and non-traditional therapies in addition to conventional mental health care modalities, such as talk therapies and/or medications. In an effort to adhere to the Code of Ethics and the recommendations of NAMI, need to educate ourselves and our clients, to offer them the best therapies available to help them in their pursuit of better mental health. For these reasons our profession may need to consider if the education of clinical social workers should be expanded to include holistic therapies. The National Center for Complementary and Alternative Medicine (NCCAM) reports that 76% of US population have tried holistic therapies and as many as 36% back in 2009 regularly used holistic therapies (Church, Dawson 2008; Benn, R. 2009).

Literature Review

Social workers in many clinical settings commonly provide services that include at their first meeting with a new client, a health assessment that includes both a mental health and medical health assessments. Social workers are in a position to refer and recommend that their clients, increasingly composed of culturally diverse populations, seek out further psychological assessments and/or medical health care or a variety of holistic therapies. Western medicine or medical care as most medical doctors' practice today will be referred to in this paper as allopathic medicine or medical care. Therefore,

it is important that social workers have a current general education of the ever-increasing holistic practices available to their clients (Benn, R., Gant, L., Giola, D., & Seabury, B., 2009; Block, 2006).

History

Holistic as it may seem by the name relates to the whole person, mind, body, spirit and the environment. Holistic therapies most often consider the whole person, where they live, what is going on in the body, their minds, emotions and their spiritual state as well. Holistic therapies have been around for thousands of years, as far back as written texts.

Hippocrates, known as the father of modern western medicine, was born in 460 B.C., later coining the oath which set the highest of ethics for physicians practicing medicine, primum non nocere, or, "First, do no harm." (Osborn, D. 2015). Hippocrates was known for abandoning the Cnidan, school of medicine, of the time because they were looking at the human body as a group of parts, separate and therefore treated separately (Osborn, D. 2015). Hippocrates was known for subsequently practicing medicine under his own theory of holistic theory, the body, and mind seen as and affected as a whole system (Osborn, D. 2015). Hippocrates treated his patients with nutrition, physical therapies, hydro-therapies, energy therapies, treating the whole patient, body and mind, creating what was called his “holistic healing system” (Osborn, 2015, p.7).

Paracelsus, a sixteenth-century Swiss physician, known as the father of “*modern drug therapy and scientific medicine*” (p.107), did not separate the mind from the body and the healing processes (Micozzi and Rodgers, 2011). Paracelsus also believed that faith and imagination caused healing, that dreams provided the ability of humans to see

and diagnose illnesses (Micozzi and Rodgers, 2011). By contrasting, allopathic medicine of today and in the past saw the connections as of little or secondary importance and non-scientific (Micozzi and Rodgers, 2011). In the last thirty-five years or so, researchers are looking at the mind's ability to heal or at least affect the healing process by seeing mind-body medicine as "*treating the whole person*" (Micozzi and Rodgers, 2011., p.107).

Psychoneuroimmunology in 1981, was introduced by Robert Ader, a psychologist whose research showed a connection between the immune system and the brain, but his discovery was long after and on the heels of the Greeks, Pythagoras, "the brain served as the organ of the mind and the temple of the soul" and Anaximander, "mind gives body a life-force" (Micozzi, 2011, p.100).

After three years from the time of diagnosis for common ailments such as diabetes, high-blood pressure, asthma and heart disease, the patients receiving psychotherapy had spent less on medical treatments, by as much as $300. on fewer visits and treatments (Micozzi, 2011). Psychotherapists are now incorporating relaxation, meditation and mindfulness, guided imagery, and empowering clients with self-guided imagery as a self-help therapy that clients can use to heal themselves (Micozzi, 2011). Nurses of Ephrata Community Hospital in Pennsylvania, found that guided imagery compact discs (CDs) were effective in many ways, among them, relief of pain, relaxation and better sleep, lowering blood-pressure, reduced the need for respiratory therapy following some surgeries, and eased confusion for elderly patients (Micozzi, 2011).

Energy healing therapies like reiki, developed in Japan by Mikao Usui in the early 1900's, qi gong, a therapy developed some 5000 years ago in China, and today's healing touch and therapeutic touch of the 1990's have all gone through investigations of their

legitimacy (Micozzi, 2011, p.137). First, scientists protested the existence of energy fields in and around the human body and now they insist the energy fields do exist (Micozzi, 2011, p.137). Applications for the use of energy therapies can be used to promote stress relief, relaxation, pain reductions and healing (Micozzi, 2011).

The American Medical Association (AMA) in 1847 and the American Psychological Association (APA) in 1892 secured their places in the allopathic and psychological healing realms by the formation of their associations, education standards and the strength that came in having large numbers of members (Church, 2008). The American Chiropractic Association (ACA) in the mid-1900's was going about their formation but were faced with the force of the large membership and money behind the AMA. AMA members were fighting to keep the ACA from formation and the accreditation required to bring them the respect that the AMA and APA had brought to their practitioners. The Council on Chiropractic Education (CCE) was born out of the ACA and in the background, created the standards for education and accreditation of chiropractic education. The AMA and many members that were challenging ACA members were finally forced to financially settle or drop their suits altogether. Currently the holistic therapies are formally building their educational foundation. Accreditation will be necessary if they are to gain the respect of the AMA, APA and ACA (Church, 2008).

Consumers are increasingly spending more on holistic therapies as the popularity of holistic therapies is growing (Church, 2008). Out-of-pocket costs will continue to rise if insurance companies continue to refuse to recognize the vast assortment of holistic therapies being used more frequently. A few medical schools are aware and recognizing

the validity of some holistic therapies. The Association of American Medical Colleges reports that of the 125 medical schools in the US, 95 medical colleges are currently requiring holistic coursework (Church, 2008). Dawson Church, author of *Soul Medicine* defined soul medicine as energy medicine and energy psychology. Soul medicine measures effects of various techniques; meditation, spirituality, energy healing, reiki and emotional freedom technique (EFT), to name just a few, on the emotional and physical ailments of clients. *Soul Medicine*, the book, is recommending designating an Energy Medicine Diploma (EMD) to recognize those students that have that have fulfilled holistic coursework. The designation could be in addition to the students Medical Diploma (MD), Doctor of Osteopathy (DO) or Licensed Acupuncturist (L.Ac.) (Church, 2008).

Need for Change

According to researchers Templeman and Robinson (2011), patient demands for a more holistic approach to general health care are continuing to grow. Holistic health care is requested more frequently by clients and has been growing in popularity for the last 15 years or more. Although the exact definitions of what each of the terms holistic, integrative and complementary and alternative medicine (CAM) encompass vary, they are all patient-centered; a difference from the paternalistic models of the past and allopathic primary care today (Robinson & Templeman, 2011).

One common point stood out to the researchers at the University of Arizona; the care is “patient-centered” (Maizes, Niemiec, & Rakel, 2009). Maizes, et al., (2009) developed ten recommendations for changes to the healthcare system in the United States to a “patient-centered” focus. Among their recommendations was “team-based care”, a

frontline physician who would know the patient body, mind and spirit and would work with a team to recommend the patient's care instead of being solely focused on only the patient's physical complaints (Maizes, et al, 2009). Additional to the "team-based care," other findings suggested that the changes they were putting forth would help the whole of the American healthcare system, which they point out, is in danger of bankrupting the US economy (Maizes, et al, 2009).

The literature review will include some of the more popular holistic therapies as well as holistic therapies where there was a great deal of research available, again, showing the growing interest in these and other holistic therapies.

Acupuncture

Traditional Chinese Medicine (TCM) has been growing in popularity in the US for many years following its beginnings in China hundreds of years ago. TCM recognizes meridians, where energy paths flow throughout the body and can be stimulated by the use of pressure or needles. These energy paths have effects on different parts of the body and mind. Using pressure or needles along the meridians can bring about different effects to a variety of systems. There are many areas of the body; feet, hands, scalp and ears where a great number of meridians come together, as seen in reflexology, which is directed towards the feet, and auricular acupuncture, which is directed towards the ears (Oyola-Santiago, Robin, Knopf, Harvey, (2013). Just as these meridians can be stimulated by needles, they can also be stimulated by applying pressure to different points. Researchers looking at ways to reduce the stress for students in the university program at The New School, (Oyola-Santiago, Robin, Knopf, Harvey, 2013) recommended bringing acupressure and auricular acupuncture services to the Students

Health Services office of the university. The office provided medical, counseling and "Wellness and Health Promotion" services.

Based on data that reported that degree-seeking college students were often experiencing stress and that the stress could affect their school performance, three staff members received acupressure and auricular acupuncture training and certification, and put together a program that included the acu-therapies and meditation (Oyola-Santiago, Robin, Knopf, Harvey, 2013). During the study they saw a total of 317 grad students and 37 staff members who came in for individual or group sessions. The researchers concluded that the "harm reduction treatment modality" program requirement met all their criteria by providing stress reduction and enhanced wellness to the student body and the services continue to be offered at the Student Health Services offices (Oyola-Santiago, Robin, Knopf, Harvey, 2013).

Aromatherapy

There is a great deal of historical evidence of the use of plant extracts, the oils, not for ingestion but for their odor; aromatherapy, as it is referred to today. The Chinese used essential oils for incense, and bathes were scented with essential oils from plants by the Romans. In the 1920's, a French chemist, Gattefosse, was researching essential oils for their healing possibilities (Herz, 2009). In a systematic review in the International Journal of Neuroscience, Herz, (2009), reviewed eighteen detailed studies that met very stringent criteria and found that there was more than enough evidence to show that there were effects from olfactory stimulation that were clearly found to affect behavior, physiology and moods.

Some of the suggested uses potentially beneficial in the care of clients were lavender for stress relief and anxiety; clary sage to be uplifting and calming, and potentially useful for those feeling depressed; sweet marjoram, also for calming, and rosemary to clear the mind and improving memory (Herz, 2009). There are many books on the uses of essential oils and aromatherapy. Herz found that aromatherapy was not a term that was scientifically recognized but that the term "aromachology,"; a term used by Sense of Smell Institute since 1982, did refer to the "analysis of olfactory effects on mood, physiology and behavior" (Herz, 2009). However, there were some exceptions of effects between essential oil types from some users. The exceptions could be due to the individual's perceived quality of the odor and how they reacted to it (Herz, 2009).

Creative Arts

The use of creative arts in social work includes dance, art, music, drawing and many more. These creative arts therapies are used with children, adults and in group settings. Drumming can be seen as a culturally inspired intervention, as well as being a creative music therapy, normally practiced in group work (Maschi & Bradley, 2010). There is well documented research that shows music therapy is successful in relieving stress and group drumming research has shown improved mood, lessening stress, and decreasing job burnout (Maschi & Bradley, 2010; Bittman, Bruhn, Stevens, Westengard, & Umbach, 2003; Bittman et al., 2004, 2005). Maschi and Bradley's (2010) research examined recreational drumming effects on social work students and discovered increased energy, feelings of empowerment and connectedness, and decrease of stress. These findings are in line with the National Association of Social Workers (NASW) Code of Ethics (NASW, 1999), which suggests that one of the missions of a

social worker is to enhance "human well-being" as well as to increase "empowerment" of "individuals, families, groups and communities." The research concluded that drumming, especially group drumming offered social work students a positive group activity that fosters stress relief as well as builds feelings of interconnectedness and wellbeing (Maschi & Bradley, 2010).

Jan Knoetze, Rhodes University in South Africa, referred to references by British pediatrician Margaret Lowenfeld's 1929 references to H.G Wells Floor Games of 1911 (Ozebook, n.d.). Lowenfeld recognized the therapeutic and diagnostic properties of sand-play, later forming Sandtray Therapy which eventually has led to Knoetze's Therapeutic Sandstory Method (TSM). Knoetze uses the therapy both in brief interventions as well as long-term therapies with storytelling, sand-play and reflective retelling working with children in many settings (Kroetze (2013).

Schrader and Wendland, in their research at an Aftercare Center (AC) for survivors of child sexual exploitation and rape looked at the effects of music therapy (Schrader and Wendland, (2012). Therapy included counseling combined with listening to music, learning to play instruments and write music, lyric analysis, dancing and singing. These therapies were also used for the survivors as well as aftercare and self-care interventions for all the staff at the Aftercare Center (Schrader and Wendland, (2012). The girls, who were often times withdrawn, not interacting with others, would begin to play instruments, sing and dance. The staff too, when encouraged to participate in the dance and relaxation activities joined in and eventually took over the group to keep it going as a self-care group (Schrader and Wendland, (2012). In their closing, the researchers proposed that ongoing implementation and research by the American

Counselors Association (ACA), the international music therapy community, and other creative arts therapies working with these populations should work together to bring holistic care and relief to survivors (Schrader and Wendland, (2012).

Speaking to critical race theory and performance studies, Mayer proposes a theory for understanding race as roles that are produced and created during an encounter. Mayer suggests that work towards social change can occur by engaging those roles, disrupting strict ideas of race and bring this ethical component to the therapeutic dynamic and work towards social change (Mayer, C., (2012). She describes many authors using "American" when referring to White therapists and "reinforcing whiteness" by using terms such as, "culturally different" or "minority culture" to describe Persons-of-Color (Mayer, C., (2012). Mayor's research, using creative art therapies and drama therapy suggests that "we can each engage with these issues with the creativity of artists, the experimentation of philosophers and activists, and the compassion of therapists" (Mayer, C., (2012).

Cultural Practices

For centuries, drumming has been used in Native American culture to celebrate occasions, by the shaman, for healing purposes, and very often the drum is used in groups. Drum-Assisted Recovery Therapy for Native Americans (DARTNA) research, using a focus group study approach, found that overall, with respect given to individual tribal diversity and customs relating to individual drumming traditions among the different tribes from different regions of the US, the DARTNA protocols were well received and successful in their goals working with substance use disorders (Dickerson, Robichard, Teruya, Nagaran & Hser, 2012). One limitation found in the research was that drumming in different areas of the country needs to be individualized, as different

tribes across the country have their own unique traditions, as well as their own styles of drums in many instances. The need to seek out local authorities, where possible, to individualize the drums used and manner of use was emphasized (Dickerson, Robichard, Teruya, Nagaran & Hser, 2012).

Culturally unique practices have often been handed down over generations. Most importantly, when clients are from of another culture or from another country, possibly unaccustomed or uncomfortable with the allopathic health care system in the US. It is critical to their well-being that health care practitioners do everything they can to respect each individual's culture and the beliefs that may be unique to the individual; this concept is unfamiliar to US culture. Many problems have occurred because of poor communication between clients and their caregivers.

One example, came from the book written by Anne Fadiman, The Spirit Catches You and You Fall Down: A Hmong Child, Her American Doctors and the Collision of Two Cultures. The book is now part of most nursing and medical school's curriculum, as it provides a profound illustration of the lack of communication and respect for the client's different culture and language and the issues created by such differences. In 1985, Dr. Neil Ernst called the Child Protective Services (CPS) and his patient's parents lost their child to CPS and the courts. They were Hmong and new to the US, did not speak the language, and did not understand the doctor's instructions for their daughter, Lia's medications. The doctor did not understand that, in the eyes of Lia's parents the medications were harming their child. Cultural differences led to the doctor saying the parents were neglectful, when in actuality they were caring for their child in the best way they knew how. For these parent's, accepting and following the exact instructions of the

doctor in treating Lia would have been as foolish as expecting a typical American set of parents to treat their sick child by calling a Hmong Shaman and treating with herbs (Fadiman, 1997).

Traditionally, Hmong Shamans treats the whole person; body, mind and spirit. Because the Hmong belief system is one described as a magico-religious paradigm, influenced also with a holistic health paradigm, there is a belief system that illnesses are brought on by evil spirits (Andrews & Boyle, 2011). The Hmong Shaman would likely use chants, herbs, healing foods, sacrifices and ceremonies to chase the evil spirits off, and call life and health back into the body that is ill (Fadiman, 1997). The hospital where Lia was born did not understand, nor show any respect for the family's cultural beliefs, and because of this cultural incompetency, the hospital could not appropriately respond to Hmong cultural needs (Andrews & Boyle, 2011). Thankfully, there are language lines in place now to offer translation assistance to healthcare practitioners to help with language differences, but this does not address the need for respect by healthcare providers for their patients'/clients cultural diversity.

Social worker's Code of Ethics, Ethical Principle: "Social workers respect the inherent dignity and worth of the person," states that "Social workers treat each person in a caring and respectful fashion, mindful of individual differences and cultural and ethnic diversity" (NASW, 1998). The Code of Ethics Ethical Standards 1.05 Cultural Competence and Social Diversity states that social workers need to recognize the strengths in all cultures, show sensitivity and obtain the necessary education to understand their client's cultural diversity (NASW 1998).

EMDR

Eye Movement Desensitization and Reprocessing (EMDR) research has looked at every aspect continues to support this therapy as an evidence based treatment for posttraumatic stress disorder (PTSD). Hyer and Maxfield (2002) sought to examine the effectiveness of EMDR in the treatment of PTSD. Their meta-analysis compared pharmacological and psychological therapies, including control conditions, and concluded that serotonin reuptake inhibitors, behavior therapy and EMDR were the leading therapies in the treatment of PTSD, with EMDR taking fewer sessions and time than other psychological therapies, such as behavior therapy (Hyer & Maxfield, 2002). In a review of 12 studies, Hyer and Maxfield (2002) found EMDR to clearly be an effective therapy for PTSD.

EMDR calls for the client to focus on an object while focusing on the upsetting memories in order of degree of emotions with the therapist directing the eye or aural focus throughout. Focusing on both internal, the memories, and external aspects, the therapist's directions, and new associations for frequent but brief moments EMDR is a complex, multi-staged/component therapy; a form of therapy that is very different from other therapies (Hyer & Maxfield, 2002).

Looking at a much wider array of symptoms, disorders and physical issues due to illness or injury, or those with no specific medical or mental health point of origin, van Rood and de Roos (2009) conducted a systematic review of EMDR as a treatment for somatoform disorders and medically unexplained symptoms (MUS). Since late in the 1980's, MUS were primarily seen in medical settings, and treatments like cognitive behavioral therapy (CBT) in combination with selective serotonin reuptake inhibitors

(SSRIS) have shown some effectiveness in the treatment of some MUS (van Rood & de Roos, 2009). van Rood and de Roos (2009) found that, in many cases, EMDR was beneficial to patients suffering with MUS; in particular, those patients with unresolved issues relating to trauma.

Mindfulness

The state and practice of mindfulness can be defined broadly as being present in the moment, having nonjudgmental thoughts, emotions, perceptions and awareness of physical sensations without focusing on thoughts of the future or of the past (Garland, E., (2013). Cacciatore, Thieleman, Osborn & Orlowski (2014) found that mindfulness based interventions not only benefitted the social work clinician and the stress encountered in counseling, such a traumatic loss, but also found notable benefits for those who are clients (Cacciatore, Thieleman, Osborn & Orlowski, 2014). Cacciatore, Thieleman, Osborn and Orlowski's (2014) research into mindfulness practices in the Buddhist traditions found such practices are used to find freedom from suffering, which is an obvious correlation to the needs of the bereaved.

Rosenthal (2015) in her research looked at mental health services and the practices that encompass body-mind-spirit. Among her findings, the client's control of their care being empowering to the client and this added to the client's sense of wellbeing. Working as a team with the client to choose areas to focus on was also empowering to the client. Often when they saw and physically felt the results after learning relaxation techniques. Relaxation techniques, when begun with the client in session, often lead to the client taking control and learning on their own beyond the

orientation during their sessions. In all interviews reported in the research the body-mind-spirit connection was reinforced (Rosenthal, 2015).

Below are summaries of mindfulness, meditation, spirituality and yoga research papers by graduate social workers of the St. Catherine University – University of St. Thomas School of Social Work. A growing number of students are choosing these holistic therapies as their research topics showing a growing interest of the social work students.

Mindfulness and Meditation

With the increasing interest in and move to practice more holistically, meditation with a focus on mindfulness has also grown in popularity among mental health practitioners. Meditation is used for self-care, as well as in the care of psychotherapist's clients (Ghali, 2015). Ghali's (2015) work found significant social work research, policy and practice implications. For the research implications, Ghali (2015) suggests that further research into meditation and mindfulness, especially the neurological benefits, would not only serve to promote the practice for clients and social worker's practices but also to broaden the information on the neurological benefits of meditation and mindfulness practices. As additional research continues to show the benefits of mindfulness and meditation practices, it is more likely to have a positive effect on the insurance companies and they will add meditation instruction and practice as an acceptable treatment choice in lieu of medication. Finally, many benefits to social work practice are proposed in Ghali's research; among them, practitioners personal meditation practice being encouraged and an increase in the use of meditation with clients (Ghali, 2015). Meditation and mindfulness practice for the clinical social work student would

offer them the tools to recognize their personal "triggers," allowing them to prepare for triggering situations before they are face to face with their clients (Ghali, 2015). Finally, it is social workers' responsibility to treat their clients to the best of their abilities (Ghali, 2015). Although mindfulness has only recently grown in popularity among clinicians, mindfulness is a therapeutic intervention shown to be useful to both clinicians and clients (Dorn, A., 2014).

Spirituality

It has been found and reported that religion and spirituality (RS) can play a positive role in the care and healing of both mental health and general health issues (Oxhandler and Pargament, 2014; Koenig, King & Carson, 2012; Koenig, McCullough, & Larson, 2001**.** Since 1995, the Council on Social Work Education (CSWE) has three policies from their Education Policy and Accreditation Standards that refer to RS, diverse sources, honoring culture, and spiritual development. Despite research that indicates there are connections between RS and client's health, and that clients would like their health and mental health practitioners to talk to them about RS, social work education curriculums have not responded by adding RS courses to the required coursework (Oxhandler, H. and Pargament, (2014). The National Association of Social Workers 2001 Code of Ethics, Standards for Cultural Competence in Social Work Practice states how important many clients feel their RS is and can be in relation to support. It is important that social workers, as the frontline in many health care systems, be aware of and assess their client's feelings about RS in their lives, whether positive or if RS causes struggles (Oxhandler, H. and Pargament, (2014). There are currently three scales that mental health practitioners can use with clients that help to assess the client's feelings

about RS and the role it plays in their lives; it is clear clients' feelings on RS need to be considered and explored if necessary. Oxhandler and Pargament (2014) recommend that further RS training be sought in continuing education and/or in supervision for social workers.

Yoga

Due to the somatic nature of trauma, research suggests that in order to heal from trauma, both the mind and body need to be treated. Yoga is a movement based form of mind-body intervention that has been used to create balance between the body and the mind through emphasis on body movement and mindfulness (Hutchinson, 2015). Yoga has been found to be used as an adjunct to therapy to assist with healing trauma, managing stress, balancing the mind/body connection and reducing symptoms of anxiety, posttraumatic stress disorder (PTSD), and depression (Hutchinson, 2015; Klatt, 2015). The symptoms of PTSD are common among survivors of sexual abuse, and dissociative symptoms are a common response to trauma (Hutchinson, 2015). Dissociation results from the conscious or unconscious disconnection from the body that occurs as a protection mechanism from abuse and often "creates dysregulation between emotions, cognitions, and the body (Hutchinson, 2015, p.10)."

A holistic form of healing is created when traditional talk-based therapies that assist individuals with working through trauma are combined with bodywork that can tap into somatic memories stored in the body (Hutchinson, 2015). Hutchinson (2015) found that principles of yoga address areas of need for intervention with survivors of sexual abuse, and the focus on present-mind thinking in particular allowed survivors to recognize cognitions of their trauma without having to re-experience the emotions. When

used along with talk therapy, yoga was found to have potential in treating the body of survivors of sexual abuse along with the mind (Hutchinson, 2015).

Throughout history, holistic therapies have proven to be beneficial in the treatment of psychological ailments and physical treatments as well. While it is critical that more research is done to make the connections, social workers can benefit from the training in these therapies to help their clients along the road to recovery or simply for relief of challenging symptoms like anxiety and stress relief. There is evidence in the literature review of social workers interest and use of holistic methods but there is a lack of literature focusing on the integration of holistic therapies education in social work schools. It is this lack of information and the lack of focus in graduate level studies on the use of holistic therapies, for the benefit of clients and in answer to the obvious ever-increasing interest in the US of holistic therapies. Social workers treating the whole person: the need for holistic therapy coursework is the title and focus of this research paper.

Conceptual Framework

The conceptual framework informs the way that a researcher understands the information collected during the research project. The conceptual framework can help to shape formulation of the research question and understanding the themes of the data collected. This researcher has chosen to use the Whole Systems Healing (WSH) conceptual framework (Kreitzer, 2012). WSH simultaneously effects change across different levels and across boundaries, much like social workers who are clinical mental health workers trained in traditional mainstream therapies such as CBT, narrative, or DBT (Kreitzer, 2012). It is this researcher's contention that clinical social workers are

also reaching outside and across the lines of their own basic training to employ holistic therapies in order to enhance their practices for the good of their clients.

WSH is a fitting conceptual framework, because it looks at the whole person, their body, mind and spirit, on an individual level as well as looking at individuals in their environment and socially. Finally, reaching across lines, from the typical side of mental health and asking, in many cases, what their allopathic counterparts in the medical fields do so as well. WSH is accepting of the standard or holistic therapies that have benefits for the individual's well-being. This researcher sees WSH as the best suited guide to assessing the responses and formulating a conclusion from the collected data because of its basis of being open to new and different ideas.

The central question of this study was to determine what holistic therapies social workers are using in clinical social work practice and how they gained their holistic therapy training. This information may inform the inclusion of some holistic therapies being available to or a part of Master's level social work education.

Methods

Research Design

This research survey explored the use of holistic therapies by social workers who are providing clinical social work to their clients primarily in the Twin Cities region of Minnesota. Using a quantitative design, this researcher was seeking to measure the number of clinical social workers who are now or have previously provided mental health counseling services and are using holistic therapies in addition to standard interventions. This exploratory research additionally hoped to identify the holistic therapies being used by social workers and explore the amount and type of additional education the social

workers have in order to utilize each of the reported holistic therapies. A purposive sampling of MSW and MSW/MAHS dual degree graduates, all licensed LICSWs since 2004, from the Twin Cities metro area of Minnesota was used.

Data Collection instrument

The format was an online survey using Qualtrics, a survey program. This survey (Appendix E) was created by this student for the purpose of furthering graduate social work research in the area of graduate level education of social workers. The objective of the research was to inform the field of social work on what holistic therapies, associated with clinical social work, are being used by clinical social workers who are providing these services to their clients. The goal was to explore the holistic therapies being used within the context of providing services to the clinical social workers' clientele. Additionally, the research questions went beyond the use and inquired where the education for the therapies the social worker is using came from and/or what type of education the clinical social worker has for the holistic therapies being used.

Recruitment Process

E-mail addresses were collected through the Minnesota Board of Social Work (BOSW). The recruitment letter was emailed to 1879 MSW and MSW/MAHS graduates, all holding an LICSW license since 2004 when holistic studies became a part of St. Catherine University and subsequently offered a dual degree with the MSW program. These graduates are located primarily in the Twin Cities metro area of Minnesota.

Sample and Protocol for ensuring informed consent

Once the Informed Consent (Appendix B) was agreed to and signed on the first page of the Qualtrics Survey, the survey continued to the demographic questions and then to the survey questions. (see Appendix E for Survey.)

Protection of Human Subjects, Confidentiality and anonymity

Involvement in the survey is voluntary and there are no known risks to participants. There are also no immediate direct benefits for participating in this research. The electronically generated survey through Qualtrics will be kept until the project is completed. The survey answers are considered confidential and anonymous and will be protected by password only access. All records and surveys will be destroyed following the project's completion in May 2016.

Participation in this research study is voluntary. The decision whether or not to participate will not affect future relations with St. Catherine University / University of St. Thomas or any other college or university which may be attended, now or in the future, or licensing in any way. Participants are free to stop at any time without affecting these relationships.

Data Analysis plan

Qualtrics Surveys formulates the descriptive statistics. These explained who responded, identifying the sample and related statistics, and reporting the general level of education that the responding social workers had for the related holistic therapies that they were using with their clients.

Results

While this researcher had hoped the results would reveal, beyond any doubt, that clinical social workers should have a variety of holistic therapy education available and included in their Master's level education programs, sadly it was not so conclusive, due to the number of potential participants. Though the results are not so conclusive, they are significant enough that they do show that all of the LICSW licensed clinical social workers answering the survey in the metropolitan area of the Twin Cities do use holistic therapies in the course of providing services to their clientele. There were three categories that were most popular among the surveyed social workers, Meditation and Mindfulness, Progressive Relaxation and/or Guided Imagery (Visualization) and Yoga, Tai Chi or Qigong categories. This suggests that perhaps these three categories should be looked at and considered for inclusion in the basic education of clinical social workers in the future.

Of the 1879 emails originally sent, 4.20% or 79 emails were returned as undeliverable. 15.2 % or 274 emails successfully completed the survey of the original 1800 emails successfully sent. The just over 15% return rate was a low response rate. 246 or 89.78% of the respondents were female and 24 or 8.76% of the respondents were male.

The 274 adult participants in this study were recruited through the Minnesota Board of Social Work (BOSW). Demographic data collected in this study included gender and age of participants. Table 1 shows the frequency distribution of the demographic variable gender.

Table 1

Gender Distribution

		Are you currently providing clinical social work with		
		Ye	No	Tot
Se	Male	24	0	24
	Fema	24	0	24
	Tota	27	0	27

Table 2

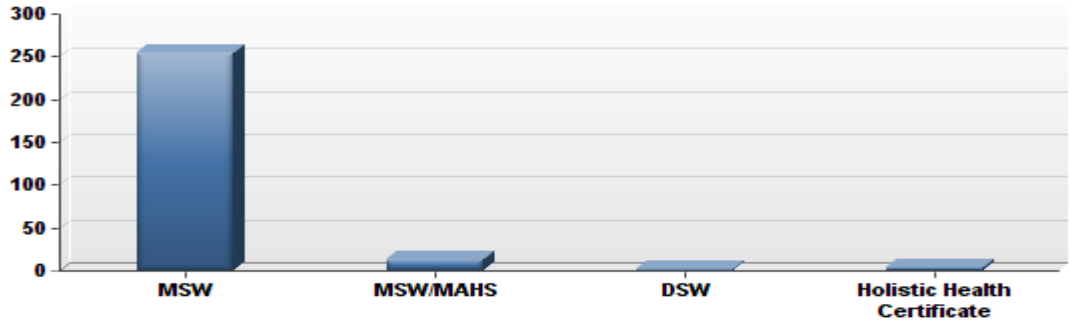
Age & Gender Distribution

		20 to	25 to	30 to	35 to	40 to	45 to	50 to	55 to	60 to	65 to	Tot	Quest
S e	Male	0 0.0	2 10	5 8.4	4 5.7	6 15	1 4.1	1 5.2	3 17	1 7.6	1 25	24 8.9	24 8.76
	Fema	2 10	18 90	54 91	66 94	34 85	23 95	18 94	14 82	12 92	3 75	24 4	246 89.78
	Total	2 10	20 10	59 10	70 10	40 10	24 10	19 10	17 10	13 10	4 10	26 8	-
	Quest	2 10	20 10	61 10	71 10	40 10	24 10	19 10	17 10	14 10	4 10	-	274 100.0

Women were more represented in the sample than men. There were a total of 274 respondents and of them 246 (91%) identified as female, 24 (9%) identified as male and 4 (0%) identified as other. The mean 1.91, age of the respondents was 35-39 years of age, and the range was a lowest of 20 years old to a highest of 90 years old and above. Standard deviation was 0.29, which reflects how spread out the ages were and how much variance, 0.08 there was from the mean age. Both of these statistics are noteworthy since they indicate that respondents were predominantly female and were on average 35-39 years of age. There were no respondents above 70 years of age and only 2 respondents in the youngest category of 20-24 years of age.

Table 3

Please choose your level of education:

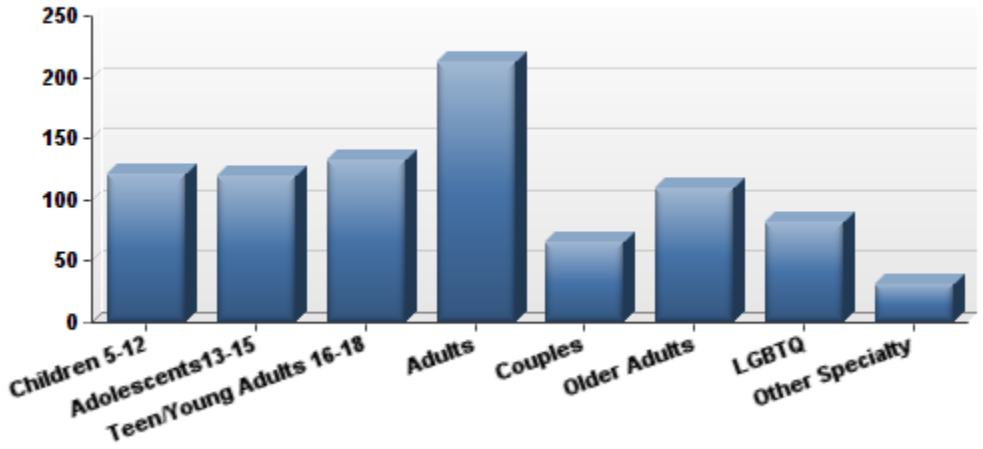


#	Answer		Response	%
1	MSW		255	94%
2	MSW/MAHS		13	5%
3	DSW		2	1%
4	Holistic Health Certificate		3	1%

Table 3 shows the education levels of the respondents. 94% or 255 respondents, the vast majority having their MSW, 5% or 13 respondents holding a Dual Degree and 1% each for the 2 DSWs and an additional 3 respondents with Holistic Health Certificates.

Table 4

Client Demographics (Select All That Apply)



#	Answer		Response	%
1	Children 5-12		121	44%
2	Adolescents13-15		119	43%
3	Teen/Young Adults 16-18		133	49%
4	Adults		212	77%
5	Couples		66	24%
6	Older Adults		109	40%
7	LGBTQ		82	30%
8	Other Specialty		31	11%

Table 4 shows the Client Demographics which reflected that Adults were the highest percentage at 77% serviced by the responding social workers, with Teens/Young Adults 16-18 years of age at 49%, and Adolescents 13-15 years age at 43%. Other Client Demographic Specialties were entered separately in the survey and can be seen in Table 5. There are twenty-three (23) additional client demographics that thirty (30) respondents entered separately in the survey. The respondents were able to enter additional client demographics along with checking one of the other pre-formulated client demographics.

Table 5

Other Specialty	*Response*
Early Childhood: birth - 5	6
Veterans	5
Native American	2
Trauma Resolution	2
Grief and loss	2
MI/CD Dual Diagnosis	2
SPMI	2
Chronic pain	2
Co-occurring disorders	1
Eating Disorders	1
Advance heart failure	1
Transgender	1
Parent-Child	1
Psychosis	1
Hospice	1
Families	1
Autism	1
School social work	1
Adoption	1
Refugees	1
Anger Management	1
Perinatal	1
Health coaching	1

Table 6 shows that the majority of practitioners saw clients in primarily urban settings at 68% or 185 respondents and 49% or 134 respondents saw clients in Suburban locations. 16% or 44 respondents saw clients in rural areas and only 3% or 9 respondents cared for their clients in a web-based manner.

Table 6

Practice Location: (Select All That Apply)

#	Answer		Response	%
1	Urban		185	68%
2	Rural		44	16%
3	Suburban		134	49%
4	Web-based		9	3%

In Table 7 respondents were asked to "check those holistic therapies you are using as part of your clinical social work services and indicate by checking the appropriate column, what your training in the therapy was: Personal interest/Self-taught, part of the MSW or a MAHS or Holistic Health program, Continuing Ed. courses, or Professional/formal education." The largest number 361 clinicians indicated they used Meditation/Mindfulness as part of their work with their clients, with 143 of the social workers training to do meditation and or mindfulness through Continuing Education and 116 having no formal education, self-taught or simply through their own personal interest. The second most popular holistic therapy used was Progressive Relaxation and/or Guided Imagery (Visualization) which 309 social workers indicated use in their practice with clients. Those using this therapy also indicated that their training came from continuing education classes or their personal interest, no formal education, or self-taught. The next most popular holistic therapies used were Yoga, Tai Chi or Qigong with 154 respondents, indicating the same education source being personal interest/self-taught or continuing education classes. Natural Products and Aromatherapy were the next most popular holistic therapies at 127 and 126 respectively, being used by social workers and they too learned how to use essential oils through personal interest/self-taught or Continuing Education classes.

Table 7

Check those holistic therapies you are using as part of your clinical social work services and indicate by checking the appropriate column, what your training in the therapy was: Personal interest/Self-taught, part of the MSW or a MAHS or Holistic Health program, Continuing Ed. courses, or Professional/formal education.

#	Question	Personal Interest/ No formal education /Self-taught	MSW	MAHS or Holistic Health Program	Continuing Ed. Courses	Professional/Formal Education ie, School of Bach Flower Therapy	Total Responses
1	Natural Products (Botanical/Herbs, Supplements, other than vitamins & minerals)	71	17	3	32	4	127
2	Acupuncture, Auricular & Acupressure	36	0	1	7	1	45
3	Aromatherapy	84	6	6	28	2	126
4	Yoga, Tai Chi, or Qigong	83	13	4	48	6	154
5	Energy Therapies, Therapeutic Touch, & Reiki	33	2	3	9	4	51
6	Meditation/Mindfulness	116	77	11	143	14	361
7	Massage & Reflexology	36	2	0	4	1	43
8	Special Nutritional Diets	52	0	2	20	2	76
9	Homeopathy/Naturopathy	29	0	1	5	1	36
10	Progressive Relaxation &/or Guided Imagery (Visualization)	116	67	7	108	11	309
11	Creative Arts or Nature/Eco Therapies	51	13	2	26	4	96
12	Other - Enter below (Any other holistic therapy you use)	6	2	1	6	5	20

(Respondents were also able to select more than one method of training received if that was the case for them).

In addition to the 11 category choices listed the final option was to add any other holistic therapies, seen Table 8, the social workers use with their clients. Respondents (16) added an additional 14 holistic therapies that they use when treating their clients.

Table 8

Other - Enter below (Any other holistic therapy you use)	*Response*
Play Therapy	1
Eye Movement Desensitization and Reprocessing EMDR	1
Prayer at Client Request	1
Self Hypnosis	1
Hypnosis	2
Splankna Therapy - Christian protocol for energy psychology	1
Movement therapy	1
Animal assisted work	1
Quantum Neurological Reset Therapy - QNRT	1
Pastlife regression	1
Mindful breathing	1
Somatic Experiencing Practitioner	2
Thought Field Therapy	1
Art Therapy	1

(See Appendix F for the eleven individual tables of each specific holistic therapy. There you can see the additional training for each holistic therapy indicated).

Discussion

Although the research cannot draw the conclusion that all LICSW social workers use holistic therapies in their work with their clientele, we can say that all the LICSW social works asked in this survey do use at least one and commonly use more than one holistic therapy to complement their work with clients. While 274 LICSW social workers cannot be said to be the majority of social workers in this metropolitan area, we can conclude that one hundred percent of those answering the survey did gain additional

education by one or more means to learn holistic therapies that they could use in their practices to benefit their clients.

Implications for social work practice

It appears from the responses to this research survey as well as the previously mentioned NIH survey that social work practice has already undergone changes that have meant many social workers are already seeking outside additional education to meet their client's desires for more holistic therapies and treatments.

Implications for policy

With the growing popularity and use of various holistic therapies it may mean that in the future, social work education policy may need to change. Those changes to include requirements that a social worker's education, or at least the education of clinical social workers should include a predetermined number of course credits in one or more holistic therapies to be used to treat the whole client.

Implications for research

There is obvious interest in holistic therapy use in work with clients such as those that were most popular among the social workers in this survey. Further research is indicated given the interest of social workers to add these holistic therapies to the many modalities currently being used in work with clients. Beyond the interest of social workers in holistic therapies, research into the effects of various holistic therapies would be indicated by their use and popularity among practicing clinical social workers.

Strengths

A strength of this research includes that the survey was a short survey that took less than fifteen minutes to complete. Secondly, there were only six demographic multiple choice questions and eleven holistic therapies to choose from, requiring respondents to indicate whether they have used a particular therapy, and if they had, a choice of four levels of education that they may have received pertaining to that therapeutic method. Another strength of the research is that this research wss not asking for additional personal data other than the very basic demographics.

Limitations

There were limitations to this research. The first concern was the small response rate, and the second concern was that there is no way to confirm that the sample is a true representation of all clinical social workers. 15.2 % or 274 emails successfully completed the survey of the original 1800 emails successfully sent, this 15% return rate was a low response rate. We are unable to determine why the response rate is low. While the demographics asked for in the survey were very few, this could be a limitation of demographics. The information on the client's environment, where the clients are is missing, as is race and ethnicity, which could potentially be important in further research.

Conclusion

A growing number of people in the US are using many assorted holistic therapies and social workers are often in the position of being the first contact for many individuals needing assistance with mental health issues. It would serve social workers and their clients if they were educated as fully as possible with all the tools possible to treat the client or at the very least, having the knowledge to know what types of additional

services could be beneficial for their clients. There is an obvious need for social work curriculums to provide various holistic therapy choices. Among them, those therapies that may be more acceptable to the changing US population diversity, including the aging, chronic illness sufferers, and racially and economically diverse populations. Social workers with a strong foundation of knowledge of holistic therapies will be better able to continue to provide evidence-based whole-person care for their clients.

References

Andrews, M., & Boyle, J. (2011). Transcultural concepts in nursing care. Philadelphia, PA: Lippincott, Williams & Wilkins.

Benn, R., Gant, L., Giola, D., & & Seabury, B. (2009). Incorporating integrative health services in social work education. Journal of Social Work Education, 45(3) p.407-425. Council on Social Work Education, Alexandria, Virginia.

Bradley, C., & Maschi, T. (2010). Recreational drumming: A creative arts intervention strategy for social work teaching and practice. The Journal of Baccalaureate Social Work, 15(1), p.56-66.

Briggs, J. (2015). Americans' active quest for health through complementary and integrative medicine. Generations, 39(1), p.56-64.

Cacciatore, J., Thieleman, K., Osborn, J., & and Orlowski, K. (2014). Of the soul and suffering: Mindfulness-based interventions and bereavement. Clinical Social Work Journal, 42(3).

Callahan, R., & Trubo, R. (2001). Tapping the healer within: Using thought field therapy to instantly conquer your fears, anxieties, and emotional distress. McGraw-Hill Education. p.96-109.

Guide to Behavioral Health and Drug Rehabs. (n.d.) (2015, September, 17). Can tapping treatment work for PTSD? Retrieved from http://www.4rehabs.com/news/tapping-ptsd-treatment/

Church, D., (2011). The limits and potentials of energy psychology: Lessons from neuroscience and outcome research. Energy Psychology Journal, 15(11). doi: 10.9769.EPJ.2011.3.2.DC

Church, D., & Shealy, N. (2008). Soul medicine: Awakening your inner blueprint for abundant health and energy. Fulton, CA: Energy Psychology Press. p.238-249.

Clarke T., Black L., Stussman B., Barnes P., Nahin R. (2015). Trends in the use of complementary health approaches among adults: United States, 2002–2012. National health statistics reports; no 79. Hyattsville, MD: National Center for Health Statistics.

Complementary, alternative, or integrative health: What's in a name? (2015, September 12). National Center for Complimentary and Integrative Health. Retrieved from https://nccih.nih.gov/health/integrative-health

De Roos, C., & Van Rood, Y. (2009). EMDR in the treatment of medically unexplained symptoms: A systematic review. Journal of EMDR Practice and Research, 3(4). p.248-263.

Dickerson, D., Robichaud, F., Teruya, C., Nagaran, K., & Hser, Y. (2012). Utilizing drumming for American Indians/Alaska natives with substance use disorders: A focus group study. American Journal of Drug & Alcohol Abuse, 38(5), p.505-510.

Dorn, A. (2014). Mindfulness in traditional psychotherapy: A qualitative study. (University of St Thomas / St Catherine University). Master of Social Work Clinical Research Papers. Paper 310. Retrieved from http://sophia.stkate.edu/msw_papers/310

Englund-Helmeke, S., (2014). Mindfulness and well-being. (University of St Thomas / St Catherine University). Master of Social Work Clinical Research Papers. Paper 313. Retrieved from http://sophia.stkate.edu/msw_papers/313

Fadiman, A. (1997). The spirit catches you and you fall down: A hmong child, her american doctors and the collision of two cultures. New York: Farrar, Strauss and Giroux.

Feinstein, D. (2010). Rapid treatment of PTSD: Why psychological exposure with acupoint tapping may be effective. Psychotherapy: Theory, Research, Practice, Training. 47(3), p.385-402. doi: 10.1037/a0021171

Feinstein, D. (2012). Acupoint stimulation in treating psychological disorders: Evidence of efficacy. Review of General Psychology, 16, p.364-380. doi:10.1037/a0028602

Garland, E. (2013). Mindfulness research in social work: Conceptual and methodological recommendations. Social Work Research 37(4). National Association of Social Workers. December 2013. Washington, DC: doi: 10.1093/swr/svt038

Ghali, L., (2015). Mindfulness and Meditation: Transforming Therapeutic Presence in Clinical Social Work Practice. (University of St Thomas / St Catherine University). Master of Social Work Clinical Research Papers. Paper 447. Retrieved from http://sophia.stkate.edu/msw_papers/447

Herz, R. S. (2009). Aromatherapy facts and fictions: A scientific analysis of olfactory effects on mood, physiology and behavior. International Journal of Neuroscience, 119, p.263–290.

Hutchinson, J., (2015). Yoga As Therapeutic Intervention with Survivors of Sexual Abuse: A Systematic Review. (University of St Thomas / St Catherine University). Master of Social Work Clinical Research Papers. Paper 468. Retrieved from http://sophia.stkate.edu/msw_papers/468

Hyer, L., & Maxfield, L. (2002). The relationship between efficacy and methodology in studies investigating EMDR treatment of PTSD. Journal of Clinical Psychology, 68(1), p.23-41.

Johnson, C., (2014). Native American Spirituality and Healing in a Euro-American World (University of St Thomas / St Catherine University). Master of Social Work Clinical Research Papers. Paper 340. Retrieved from http://sophia.stkate.edu/msw_papers/340

Klatt, B., (2015). Therapists' Perspectives on the Use of Yoga in the Treatment of Trauma. (University of St Thomas / St Catherine University). Master of Social Work Clinical Research Papers. Paper 473. Retrieved from http://sophia.stkate.edu/msw_papers/473

Knoetze, J. (2013). Sandworlds, storymaking, and letter writing: the Therapeutic Sandstory Method. South African Journal Of Psychology, 43(4), 459-469. doi:10.1177/0081246313506663

Kreitzer, M., (2012). Whole systems healing. Retrieved from http://www.csh.umn.edu/education/focus-areas/whole-systems-healing

Laconic, E., (2014). Health professionals' use of aromatherapy with children and adolescents with mental illness. (University of St Thomas / St Catherine University). Master of Social Work Clinical Research Papers, Paper 349. Retrieved from http://sophia.stkate.edu/msw_papers/349

Maizes, V., Niemiec, C., & Rakel, D. (2009). Integrative medicine and patient-centered care. Explore, 5, p.277-289.

Mayor, C. (2012). Playing with race: A theoretical framework and approach for creative arts therapists. Arts In Psychotherapy, 39(3), p.214-219. doi:10.1016/j.aip.2011.12.008

National Alliance on Mental Illness. (2015). Complementary health approaches. Retrieved from http://www.nami.org/Learn-More/Treatment/Complementary-Health-Approaches

National Association of Social Workers (Ed.). (2008). Code of ethics. Washington, DC: NASW Press.

Osborn, D., (2015, December 28). Re: Hippocrates, father of modern medicine Retrieved from http://www.greekmedicine.net/whos_who/Hippocrates.html

Oxhandler, H., & Pargament, K. (2014). Social work practitioners' integration of clients' religion and spirituality in practice: A literature review. National Association of Social Workers, 59(3), p.271-279.

Oyola-Santiago, T., Knopf, R., Robin, T., & Harvey, K. (2013). Provision of auricular acupuncture and acupressure in a university setting. Journal of American College Health, 61(7), p.432-434. doi:10.1080/07448481.2013.820190

Publication manual of the american psychological association (6th ed.). (2010). Washington, D.C.: American Psychological Association.

Raheim, S., & and Lu, J. (2014). Preparing MSW students for integrative mind-body-spirit practice. Clinical Social Work Journal, 42(3), p.288-301.

Robinson, A., & Templeman, K. (2011). Integrative medicine models in contemporary primary health care. Complementary Therapies in Medicine, 19, 84-92.

Rosendahl, J., (2015). Integrative body-mind-spirit practice among mental health professionals. (University of St Thomas / St Catherine University). Master of Social Work Clinical Research Papers. Paper 509. Retrieved from http://sophia.stkate.edu/msw_papers/509

Schrader, E. M., & Wendland, J. M. (2012). Music Therapy Programming at an Aftercare Center in Cambodia for Survivors of Child Sexual Exploitation and Rape and Their Caregivers. Social Work & Christianity, 39(4), 390-406.

Appendix A

Clinical Social Work Holistic Education Survey

1. You are invited to participate in this project because you have achieved a Masters of Social Work graduate degree or beyond since 2004. In addition, some of the participants selected have also achieved a Master's of Holistic Studies. This project is being conducted by Tracy A Toner, LSW, a graduate student at St. Catherine University, under the supervision of Lisa Kiesel, MSW, PhD, LICSW, a faculty member in the Department of Social Work at St. Catherine University. The purpose of this survey is to survey how many graduates, who are practicing clinical social work, are using holistic therapies in the care of their clients and to survey where they received or found their training in such holistic therapies. The survey includes items about demographics and then asks if the participant has or is conducted/ing clinical social work, if so, the survey will continue. Through multiple-choice options, with each holistic therapy selected there is a corresponding choice of what type of education in that therapy they have, personal interest/no formal training/self-taught, MSW, MAHS/HH program, continuing education, or other professional education are the choices to select from. It will take approximately fifteen minutes to complete.

Your responses to this survey will be anonymous and results will be presented in a way that no one will be identifiable. Confidentiality will be maintained to the degree permitted by the technology used. Specifically, no guarantees can be made regarding the interception of data sent via the Internet by any third parties. Your decision whether or not to participate will not affect your relationships with the researchers, your instructors, or St. Catherine University. If you decided to stop at any time, you may do so. You may

also skip any item that you do not want to answer. If you have any questions about this project, please contact me at 651-587-8006 or email to tone7768@stthomas.edu.

By clicking on the "I understand and consent to take this survey" below you are giving us your consent to allow us to use your responses for research and educational purposes.

"I understand and consent to take this survey"

Demographics:

#2. Age:

21 -25 ___ 26-30 ___ 31-35 ___ 36-40 ___ 41-45 ___ 46-50 ___

51-55 ___ 56-60 ___ 61-65 ___ 66-70 ___ 71-75 ___ 76-85 ___

#3. Sex:

Male ___ Female ___

#4. Education:

Please indicate your level/levels of education: MSW ___ MSW/MAHS ___

Holistic Health Certificate____

#5. Are you currently providing clinical social work or have you conducted clinical social work?

Yes ___ No ___

#6. Client Demographics: (Select as many as apply)

Children 5- 12 ___ Adolescents 13-15 ___ Teen/Young Adult 16-18___

Adults ___ Couples ___ Older Adults ___ LGBTQ ___ Other Specialty _____

#7. Practice Location:

Urban ___ Rural ___ Suburban ___ Web-based ___

#8. Please check those holistic therapies you are using as part of your clinical social work services and indicate by checking the appropriate column, what your training in the therapy was: Personal interest/Self-taught, part of the MSW or dual MSW/Holistic Health program, Continuing Education, or Professional/formal education:

Alt. Therapies:	Personal Interest/ Self-taught	MSW	MAHS/HH Program	Continuing Ed. Courses	Professional/ Formal Ed.

1. Natural Products (Botanical/Herbs, Supplements, other than vitamins & minerals)

2. Acupuncture, Auricular & Acupressure

3. Aromatherapy

4. Yoga, Tai Chi, or Qigong

5. Energy Therapies, Therapeutic Touch, & Reiki

6. Meditation/Mindfulness

7. Massage & Reflexology

8. Special Nutritional Diets

9. Homeopathy/Naturopathy

10. Progressive Relaxation &/or Guided Imagery (Visualization)

11. Creative Arts or Nature/Eco Therapies

12. Other_____ (Any other holistic therapy you have used)

Appendix B –

Tables 10-21 *Individual Holistic Therapies Reported*

Table 10

Natural Products by Education

		Please check those holistic therapies you are using as part of your clinical social work services... - Natural					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing	Professional/Formal Education ie,	Tot
Please choose your level of education:	MSW	65	16	1	30	3	91
	MSW/MAHS	5	1	2	2	1	6
	DSW	1	0	0	0	0	1
	Holistic Health Certificate	0	0	0	0	1	1
	Tot	71	17	3	32	4	98

Table 11.

Acupuncture, Auricular and Acupressure by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... -					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	32	0	0	6	1	36
	MSW/MAHS	2	0	1	1	0	2
	DSW	1	0	0	0	0	1
	Holistic Health	0	0	0	0	0	0
	Tot	35	0	1	7	1	39

Table 12.

Aromatherapy by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... -					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	76	5	3	27	2	100
	MSW/MAHS	5	1	3	1	0	6
	DSW	2	0	0	0	0	2
	Holistic Health	0	0	1	0	1	2
	Tot	83	6	6	28	2	108

Table 13.

Yoga, Tai Chi or Qigong by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... - Yoga,					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	78	13	2	46	5	116
	MSW/MAHS	2	0	2	1	0	3
	DSW	1	0	0	0	0	1
	Holistic Health	0	0	0	1	1	2
	Tot	81	13	4	47	5	120

Table 14.

Energy Therapies Therapeutic Touch and Reiki by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... - Energy					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	32	2	1	8	4	42
	MSW/MAHS	1	0	2	1	0	2
	DSW	0	0	0	0	0	0
	Holistic Health	0	0	0	0	1	1
	Tot	33	2	3	9	4	44

Table 15.

Meditation Mindfulness by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... -					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	110	74	5	132	13	217
	MSW/MAHS	4	3	6	7	0	13
	DSW	0	0	0	2	0	2
	Holistic Health	1	0	0	0	1	2
	Tot	114	77	11	141	13	232

Table 16.

Massage and Reflexology by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... -					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	35	2	0	4	1	37
	MSW/MAHS	0	0	0	0	0	0
	DSW	1	0	0	0	0	1
	Holistic Health	0	0	0	0	0	0
	Tot	36	2	0	4	1	38

Table 17.

Special Nutritional Diets by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... - Special					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	50	0	1	18	2	59
	MSW/MAHS	2	0	1	2	0	3
	DSW	0	0	0	0	0	0
	Holistic Health	0	0	0	0	0	0
	Tot	52	0	2	20	2	62

Table 18.

Homeopathy and Naturopathy by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... -					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	28	0	0	4	1	30
	MSW/MAHS	1	0	1	1	0	1
	DSW	0	0	0	0	0	0
	Holistic Health	0	0	0	0	0	0
	Tot	29	0	1	5	1	31

Table 19.

Progressive Relaxation Guided Imagery Visualization by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... - Progressive					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	111	64	3	101	10	195
	MSW/MAHS	4	2	4	4	0	9
	DSW	0	0	0	1	0	1
	Holistic Health	0	0	1	0	1	2
	Tot	115	66	7	106	10	205

Table 20.

Creative Arts or Nature Eco Therapies by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... - Creative					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	47	13	0	25	4	68
	MSW/MAHS	3	0	2	1	0	4
	DSW	0	0	0	0	0	0
	Holistic Health	0	0	0	0	0	0
	Tot	50	13	2	26	4	72

Table 21.

Other Misc Therapies by Level of Education

		Please check those holistic therapies you are using as part of your clinical social work services... - Other - Enter					
		Personal Interest/No formal	MS	MAHS or Holistic	Continuing Ed.	Professional/Formal Education ie, School of	Tot
Please choose your level of education:	MSW	6	1	1	5	5	17
	MSW/MAHS	0	1	0	1	0	2
	DSW	0	0	0	0	0	0
	Holistic Health	0	0	0	0	0	0
	Tot	6	2	1	6	5	19