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The Somatic Methods Survey: Investigating LICSWs' Training in Physically Based Interventions

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by

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Abstract

This clinical research project investigates how and when Licensed Independent Clinical Social Workers (LICSW) in the State of Minnesota received training in somatic methods of helping. As a Masters of Social Work (MSW) student examples of somatic methods permeate class lecture, training videos, and observations made in the field. Though ubiquitous in clinical practice, methods of engaging clients somatically are not typically part of the core social work curriculum. This paradox laid the foundation for the Somatic Methods Survey which provided insight into how and when LICSWs develop skills in somatic methods of helping.

The Somatic Methods Survey was completed by N=28 LICSWs licensed in the state of Minnesota. Of N=28 respondents, N=25 (89%) of respondents indicated they use somatic methods with their clients. Respondents who use somatic methods identified a wide range of physically based methods used with clients, and indicated an average of N=2 somatic methods may be used in their clinical practice. This dedication to the use of somatic methods by clinical social workers is notable, and has implications for the future of social work education.

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Introduction

The purpose of this clinical research project is to investigate how and when Licensed Independent Clinical Social Worker (LICSW) in the State of Minnesota received training in somatic methods of helping. Somatic methods of helping go beyond talk therapy, and integrate the client's bodily sensations and physical capabilities into the helping relationship. Somatic methods differ from traditional talk therapy at the whole of the person, the soma, is integrated into therapy. By involving both the client's mind and body in the therapeutic process, clinical social workers are leveraging all available resources to assist the client in reaching their therapeutic goals.

Somatic methods of knowing are not prevalent in western culture. A bias favoring cerebral methods, inside-out ways of knowing, has developed and clients are not encouraged to view their body as reliable and an accurate source of information (Wilder, 2005). In viewing bodily information as secondary, western culture discounts a source of valuable information that would benefit both clients and social workers.

Through diet, exercise, and robust healthcare options westerners seek to maintain their physical self. With a focus on strength, beauty, and longevity western culture idealizes physical health, yet the majority of people do not take the necessary actions to maintain their body. In addition, the body is relegated to demeaning roles such as transportation and pleasure seeking, and knowledge that could be gleaned from the body is devalued.

Humans require movement to maintain their health, and evidence is mounting that exercise positively affects a person's physical and mental health. Despite evidence supporting the benefits of physical activity, people in western cultures spend 5% or less of their day exercising, and 55% - 75% of their time in sedentary activities, excluding sleep (Lovett, 2013).

Imagining a day where sedentary activities dominate a person's time is not difficult. Many individual's time is preoccupied with inert activities such as long commutes, desk jobs, and electronic entertainment.

While sitting idle, people in the United States are taking in an excessive number of calories per day. Up from 2,075 calories in 1970, in 2010 the average American was consuming 2,535 calories on a daily basis (Liebman, 2013). With the United States Department of Agriculture (USDA) estimating caloric needs of approximately 2,000 calories daily, it appears Americans are disregarding their body's dietary requirements by over indulging their appetites (United States Department of Agriculture, 2010).

The body has influence on a person's mind and mood. If feeling lethargic, going on a walk will typically increase both energy level and mood. In knowing the body can be leveraged to affect the mind and mood, social work interventions can be devised to incorporate physical aspects into clinical methods of helping. For example, the use of Behavior Activation techniques with client's suffering from depression is an empirically supported therapy which improves client outcomes through targeted increases in pleasurable activities (Martell, Dimidjian, & Herman-Dunn, 2010; Williams & Strean, 2006). Using outside-in methods, where the use of the body affects the mind, clients are able to take positive steps to manage their depressive symptoms. This outside-in approach to altering a client's mood is an important differentiation from traditional talk therapy.

By using outside-in methods of knowing client's become attuned to their internal states while also engaging in activities that facilitate learning, understanding, and acceptance. For example, a client who participates in yoga may develop an awareness of their physical signs and symptoms of stress and anxiety, and bring this information into their daily life. Knowing how

stress presents in their body, a client may make different choices in their daily routine and find methods to cope or eliminate previously unidentified stressful situations.

As a potentially useful method to introduce into therapy, how are social workers educated on somatic methods? Mensinga (2011) asserts that outside-in methods of knowing are not an integral part of social work education, and research showing the impact the body can have on the mind is not evident in practice. Hassad (2007) argues that mindfulness should be an integral, not peripheral part of social work education, and both practitioner and client will derive positive benefits.

This research project seeks to identify if social workers are using outside-in methods of knowing with clients, and if so, how are practitioners learning somatic techniques? A quantitative study will gather and examine data on practitioner use of the body in session, and identify how social workers are trained in bodily methods of treatment. In choosing a quantitative method, the author seeks to contribute numerical evidence to an otherwise qualitative discussion. This clinical research project seeks to answer the question: How and when do social workers holding a Licensed Independent Clinical Social Worker (LICSW) in the State of Minnesota receive training in somatic methods of helping.

Definitions

A discussion of the use of the body in clinical social work requires a specialized vocabulary to articulate the necessary concepts. Several key terms specific to this research paper are defined to clarify the author's intended message, and enhance the readers understanding.

Originating from the Greek word σωματικός meaning physical, the term somatic has a modern definition of: "Relating to the body, bodily, corporeal, or physical" (Oxford University Press, 2013). The word somatic will likely be less familiar to clinicians and clients than terms

such as: cognitive, rational, and intellectual. In recognizing this discrepancy in therapeutic vocabulary, clinicians can begin to investigate other methods and ways of knowing.

This research project uses the term somatic to reference mindful activities and physical exercise. In broadly defining somatic as contemplative and physically active, the author seeks to capture the wide array of somatic methods used by clinical social workers to benefit clients.

By legal definition, the State of Minnesota identifies mental health professionals as persons "providing clinical services in the treatment of mental illness" as specified in seven areas of qualification (State of Minnesota, 2012). Licensed Independent Clinical Social Workers (LICSW) meet state standards, and can be licensed to practice in clinical settings to assess, diagnose, and treat mental health issues. This study focuses exclusively on LICSW practitioners who are currently licensed by the State of Minnesota, and seeks to capture how this group of practitioners uses somatic methods with their clients.

There are two distinct types of somatic activities. The first are methods that require training, and possibly certification, to be effectively presented to clients. This may include physical activities such as stretching, or mindful activities such as guided meditation. The second type of somatic activity can be presented to clients without formal training. Physical activities such as walking, biking, and gardening, or mindfulness activities such as independent meditation are examples of activities that clients can use without instruction.

Conceptual Framework

This research paper approaches somatic methods in social work from a biopsychosocial framework, with emphasis on the body. A person's body is vital to their interactions with the environment. From the body's locomotion to the values, prejudices, and social control applied to the physical self, the biopsychosocial perspective offers the broadest view of how somatic

methods can benefit clients. From taking a walk to being attune to feelings, somatic activities permeate a client's world.

Further, this research views western culture as having lack of consideration for the body. The western lifestyle is filled with sedentary tasks, excessive caloric intake, and unsuccessful exercise regiments. This disregard of the body pervades mental health conceptualizations, and bodily information is viewed as secondary to cerebral ways of knowing.

Cartesian Dualism

The perspective of Cartesian Dualism as a union of mind and body is integral to this research study. Viewing the body and mind as interwoven and inseparable is a pivotal perspective of somatic methods. This study supposes that social workers' ecological training welcome a view of the body and mind as interconnected and able to affect one and other.

Research into somatic methods must invariably begin with the mind-body problem of Cartesian Dualism. René Descartes is acknowledged as defining the dualistic view of mind and body as distinct, but intermingling, entities. However, Alanen (1989) asserts that Descartes' dualistic legacy is misunderstood, and his early thinking remains overly prominent in the western philosophical canon. Descartes' mature thinking on the mind-body problem indicated a shift from an intermingling of entities, to a union of mind and body. In this union, mind and body function in a symbiotic fashion and cannot be isolated into distinct, yet functional parts (Alanen, 1989). Regardless of Descartes' final thinking on the subject, early dualism of distinct mind and body - a ghost in the machine - sets the stage for modern western thinking. This early dualistic view of the mind and body relationship has persisted in western thinking, and may attribute to the overall cognitive bias in clinical practice. In acknowledging the current environment's

differentiation of the mind and body social work research is beginning to investigate if physical interventions are effective in the helping relationship.

Tangenberg and Kemp's (2002) imagery of dualism identifies four dimensions of perceived uniqueness between mind and body that are relevant to this clinical research project. By understanding the role of the body in clinical social work, practitioners will be better able to determine a client's strengths and areas for improvement. By leveraging this information, clinical social workers will have the necessary information to successfully engage, assess, intervene, and evaluate therapeutic interventions with the client.

The first concept is the body as separate from the intellect and the self. This harkens to early dualism, and is akin to a ghost in the machine. The second concept is the body as confining or limiting, and is something for the mind to overcome. The third concept of perceived uniqueness between mind and body is that the body as a source of distraction and confusion. This argument asserts that sensory input and physical desires are somehow too base for humans. Yet, humans are subject to the same desires as other animals; this is simply part of the human experience.

The fourth concept of perceived uniqueness between mind and body, as discussed by Tangenberg and Kemp's (2002) is that of the body as a threat to control. That is to say, the body's lusty temptations threaten our cognitive will is embedded in western thinking. Clients who present as addicts, abusers, sexually promiscuous, and violent towards themselves or others reinforce the image that the body can careen out of control and our rational mind can, and should, control our mammalian passions (Tangenbery & Kemp, 2002; Saleebey, 1992). In this instance, clients may look to social workers to help put their rational mind back in control, and seek to learn skills to dominate, subjugate, and objectify the body.

Social Work Education

Social work education offers limited training in somatic methods. Yet training videos and treatment manuals are rife with the use of somatic techniques such as deep breathing and meditation. Though somatic methods are displayed to students, how practitioners were trained to deliver these methods of therapy to clients remains unclear.

Literature Review

The Body as a Source of Information and Learning

As a dualistic culture, we are encouraged to view the mind as the sole source of knowledge. In seeing knowledge as cerebral, there is little need to consider bodily sensations. This view is limited, and fails to take into account how people interact with and understand the world.

By the very nature of being human, all learning and knowledge must be received via the senses. The five senses absorb information, and transmit sensory data through the central nervous system to the brain. The human brain acts as a repository for information, and is called upon by our conscious mind to retrieve facts, when needed. Based on this model of learning, all knowledge is bodily knowledge.

Further, the mind is filled with information other than factual knowledge. Worldly experiences are colored by emotions, and facts and feelings are intermixed. The western dualistic view demands that facts be parsed from feeling, and facts be the sole source of information used to view the world.

Research has shown that individuals have an intuitive sense that can inform decision-making (Wilder, 2005; Barnacle, 2009). Through the five senses the body is deeply connected to the environment, and thus has the ability to understand a person's situation (Barnacle, 2009;

Skurnik, 1967). Reactions may come in the form of intuition, gut feelings, or sensations that western culture urges a person to discount, and to rely on the rational mind for guidance. As Barnacle (2009) states: "The role of the gut in mediating between inside and outside parallels that of the psyche. But whereas we think of the psyche as dynamically involved in the development and maintenance of one's relations with others and the world, the gut rarely gets attributed such a role" (p. 25). By limiting the gut's involvement in relating to the outside world, a significant source of relevant information is overlooked.

The very human experience of sensing danger offers a person information that is outside of the mind's realm. However, western culture asserts that bodily knowledge should be disregarded, the logical mind used to control feelings. Discounting gut-reactions is limiting, and truncates what a person can know about the world. The use of somatic methods with clients will allow social workers to help client's learn to tune-in and interpret somatic messages originating in the physical self.

As physical beings, it is necessary for a person to express themselves both intellectually and physically. Physical expression can be viewed as an energy discharge, and therapies involving the body have the capacity to allow expenditure of energy in controlled and safe ways (Wilder, 2005). In discharging energy in healthy ways a client's body becomes a metaphor for therapy, and connections between physical motions and therapeutic motions can be made (Wilder, 2005).

For example, a client may begin yoga to increase physical flexibility. In seeing positive results, a link between practicing physical flexibility to improve bodily function, and practicing mental flexibility to improve therapeutic issues can be established. In allowing a client to gain

knowledge and understanding via non-cerebral methods, the ability to act gets into a client's skin, and their ability to take action in their life is enhanced.

The use of experiential exercise is common practice in education, yet the somatic experience of activities is not fully developed in the literature. Role plays and games engage students in activities that differ from traditional lecture. Students whom participate in these activities find themselves moving around the room, physically aligning themselves as a group, and taking on roles and activities that differ from their daily routine (Cramer, 2012). In taking on new roles, a person can learn about themselves in ways other than discussion, and through experiential learning, an appreciation of other intelligences – including bodily intelligence – is fostered (Wilder, 2005).

Benefits of Physical Activity

The Body. From an early age children are told that exercise is fun and essential for good health. Yet, youth do not think about calories burned, miles per hour, or stairs stepped because they are at play, enjoying the body's capabilities. During young adulthood, playful enjoyment of the body ceases, as play becomes something for children (Leer, 1980). Young adults are socialized to view play as frivolous, and to dedicate time to more respectable pursuits (Leer, 1980). Inert tasks such as sitting, reading, and typing become prevalent in young adulthood, and physical fitness suffers (Lovett, 2013). To counterbalance sedentary lifestyles, many American join fitness centers, and seek to increase their physical wellbeing.

Salmon (2001) found that approximately 30% of western populations engage in significant amounts of exercise weekly. However once an exercise regimen is started, attrition rates are approximately 50% within six months. This is troubling, as the benefits of exercise are well known and include the physiological and psychological benefits of self-mastery and social

integration (Salmon, 2001). Adults resist exercise because it is a task unlike the play of childhood. If adults could reconnect to their youthful vigor of play, recidivism rates in exercise programs may not continue to be shockingly high (Leer, 1980).

Mental Health. A review of the literature shows the positive effects of physical activity on normal populations, but there is limited information on how exercise affects people with mental illness (Tkachuk & Martin, 1999). There is no reason to assume the benefits of exercise would be lost on people with mental illness. This coupled with exercise's low cost and universal availability make the integration of physical activity into the therapeutic relationship an urgent matter. As stated by Tkachuk & Martin (1999):

> No controlled study has ever found exercise to be an ineffective primary or adjunctive treatment for mild to moderate depression. Aerobic exercise has been found to be more effective than placebo control conditions and no-treatment conditions. It has compared favorably to individual psychotherapy, group psychotherapy, and cognitive therapy. (p. 276)

If physical exercise significantly increases positive client outcomes, are social workers ethically obligated to encourage clients to use their body as part of treatment? The National Association of Social Workers Code of Ethics identifies Competence as one of six ethical principles that social workers should strive to uphold. To be a competent social worker, the code states: "Social workers continually strive to increase their professional knowledge and skills and to apply them in practice" (National Association of Social Workers, 2008). If the use of the body is a powerful treatment method, social workers may be ethically obligated to learn about, and apply, somatic methods in their clinical practice.

In addition to strong positive client outcomes, exercise offers clinicians a new way to approach existing problems while proactively reducing the impact of future stressors (Salmon, 2001). A seeming therapeutic two-for-one, exercise's ability to help with current problems and buffer effects of future problems is a boon for both therapist and client. Use of the body drives a more positive mood which facilitates more productive client outcomes in therapy (Salmon, 2001).

Keeping clients physically and mentally healthy is critical in positive client outcomes. In his 1986 study on lifestyle modifications for heavy drinkers, Murphy, et al. al., identified that physical exercise (running), not mindfulness, provided study participants with the largest reduction in their alcohol intake (Murphy, 1986). As part of the study, each participant kept a daily journal that allowed for reflection. Findings from the journals include:

> Most of the subjects reported feeling much more relaxed, with an increased sense of well-being, after periods of running or meditating. They also claimed to be feeling less tense and to be sleeping better...Some subjects reported attaining an altered state of consciousness as a consequence of running or meditating, suggesting that these lifestyle procedures may be associated with a subjective "high" that may provide a substitute for the effects of alcohol. (p.185)

Murphy's study differentiates between exercise and mindfulness, but through respondent's journal entries, this author suggests that the two activities are one and the same. In running, a person becomes acutely aware of their breath, physical sensations in their body, and thoughts about the experience.

Mindfulness

Mindfulness is another type of somatic activity that actively seeks to engage the body and to simply be, here and now, without judgment (Kabat-Zinn, 2003). Mindfulness is a tool that has been used by millions of people, for thousands of years, to more fully experience daily life. Originating in religion, the practice of mindfulness has become secular, and religious dogma can now be disassociated with the practice of attending to what is happening around us, at any given moment. As a secular practice, mindfulness has become a subject of academic study in many disciplines.

In the realm of helping professions (social work, psychology, psychiatry, etc.), interest in mindfulness practice as a therapeutic intervention has increased since the 1970s. Piquing interest in mindfulness as a therapeutic tool is Jon Kabat-Zinn's Mindfulness Based Stress Reduction (MBSR) method. Beginning in 1979, MBSR has exploded from one program located at the University of Massachusetts Medical Center, to over 200 programs located across the United States and internationally (Mindful Living Programs, 2013). In MBSR, patients are provided information and learning opportunities to develop awareness of their stress and/or physical pain. By acknowledging physical sensations, thoughts, and emotional states, program participants are encouraged to accept their experience, without judgment or desire for something different, and acknowledge the reality of their situation.

Mindfulness and Exercise

Physical exercise and mindfulness are both somatic activities that can be used with clients. Both activities rely on the body to provide feedback to our conscious mind. In mindfulness a person notes their breath and physical sensations, and seeks to accept the reality of

their situation. Similarly, while exercising a person notes their breath and physical sensations while they work to increase their flexibility, strength, and stamina.

In viewing mindfulness and physical exercise as somatic activities that can benefit clients, clinical social workers have more interventions that can be used in therapeutic session. Social work training exposes future practitioners to many therapeutic models, all of which are potentially useful in clinical practice. By knowing a variety of therapeutic interventions, social workers can choose to practice from a single perspective, or use a variety of modalities to meet client needs.

In an environment where broad learning is valued, somatic methods of intervention offer a twofold advantage. First, practitioners trained in mindfulness or exercised based interventions will have another tool to use with clients. Second, somatic methods are divergent from the plethora of talking therapies taught to clinical social workers. An education in somatic methods offers more than another intervention, it offers a new way of thinking and working on the problem. If talk therapy is not working, the problem may need to be approached from another perspective. By choosing a somatic approach, the clinician is acknowledging the limitations of talking methods, and adapting their approach by offering the client an opportunity to gain insight through the use of their body.

Mindfulness and Practitioners

Practitioners would also benefit from mindfulness training in their formal education. In his study of medical students, Hassad (2007) found mindfulness programing integrated into curriculum significantly benefitted students. Initial findings from his cross-sectional study found that 85% of students improved their stress management, 72% increased their ability to relax, 70% reduced anxiety, and 59% of students benefitted from improved mood (Hassad, 2007).

Findings such as these are encouraging and transferable to other professions, including social work.

Students of social work could directly benefit from mindfulness training. In training social work students in mindfulness techniques, future practitioners would be learning skills that compliment cognitive intervention, and be trained to view a situation as it is, without judgment or interpretation (Lynn, 2010). In broadening the social work student's skill-set, more options would become available to help positively affect client outcomes.

Somatic Training in Social Work Education

Though somatic techniques can positively affect client outcomes, it is notable that training in somatic methods has remained peripheral in social work education (Hassad, 2007). The council on Social Work Education holds significant sway in what constitutes a comprehensive social work education. The council's current view of social work education encompasses ten core competencies, in which somatic methods are not directly discussed (Council on Social Work Education, 2012).

Accredited social work programs must adhere to the council's standards, and this leaves little room for coursework in somatic methods. Though somatic methods of therapy may be introduced in coursework, a brief introduction to somatic methods leaves little room for comprehensive understanding. In order to introduce somatic methods to clients, social workers will need to understand the theory behind the method, and the kinesthetic underpinnings of the activity.

Social work practice involves two or more people, one of whom is the worker himself or herself. An instrumental part of the client's experience, it is imperative that social workers be able to use their body as a source of knowledge (Shaw, 2004). Trained in many methods of

helping, social workers can use themselves as a tool – self as instrument – to better understand a client's problems and desires. In tuning into their gut feelings, social workers can tap additional sources of information and bring this newfound knowledge to bear on client circumstances and treatment plans.

To effectively use the self as instrument, social workers must be keenly aware of their physical state, and be open to receiving embodied knowledge. Embodied knowledge as defined by Sodhi & Cohen (2013) is: "Knowledge that is held within the body and is manifested as physical sensations" (p. 124). To introduce embodied knowledge into client interactions, social workers must learn to trust their somatic intuition and view physical information as equal to cognitive data (Sodhi & Cohen, 2013).

Social work training at all levels encourages practitioners to use empathy as a tool to better understand a client's situation. Gerdes & Segal (2011) argue that one of three necessary elements to generate empathy is a sharing between self and other. Sharing triggers mirror neurons to generate an empathetic feeling in an observer, and thus allow two people to share a single experience (Gerdes, 2011). To effectively practice empathy, social workers must be intimately familiar with their internal state, and be able to use self as instrument while working with clients. Feelings are in the domain of the body, and as a core tenant of social work empathy demands that clinicians be aware of - and tend to - their corporeal knowledge.

Beyond helping clients, social workers who are attuned to their physical sensations would benefit from somatic training. Social workers are exposed to difficult client stories around topics such as eating disorders, sexual abuse, and violence which can lead to secondary trauma in the clinician (Shaw, 2004). Social worker's self-care practices can benefit from being open to physical sensations as valid forms of information. By being aware of their personal reactions to

client stories, social workers can to take steps to improve their self-care while still being available to the client.

Somatic Interventions

Many social workers may already use somatic interventions with clients such as: meditation, stretching, hypnosis, walking, and in-session exercises such as hugging pillows. The use of somatic interventions can take on specialized uses such as intentional hyperventilation to recreate the sensation of panic, and allowing the client to practice habituation in a controlled and safe environment. Regardless of the somatic technique used with a client, the practitioner presents the exercise as a tool to facilitate client learning, and seek to assist the client in overcoming their problems in life and living. How the practitioners were trained to deliver these methods to clients remains unclear, and this research seeks to identify how this information is integrated into clinical social work practice.

Methods

This research study investigates the question: Do licensed mental health professionals use somatic methods with clients, and if so, do they have training in the suggested methods(s)? The answer to this question has important implications for social work education. If practitioners are pursuing education in somatic methods after their formal social work education is complete, they are indicating an area for professional development that is not present in their degree program.

Research Design

A quantitative method was used in this research study. In choosing a quantitative method, this author seeks to contribute numerical evidence to the qualitative discussion of Barnacle (2009), Mensinga (2011), Peile (1998), Saleebey (1992), Tangenbery & Kemp (2002), and Wilder (2005). Somatic interventions in therapy are a burgeoning area, and thus far, few

quantitative studies explore this topic. A 12 to 14 question survey was designed by the author to assess the use of somatic activities with clients, and identify how social workers received training, and to identify how long social workers have used somatic methods with clients.

Sample/Recruitment

A list of 200 potential LICSW respondents was purchased from the Minnesota Board of Social Work. All respondents received an email invitation to participate in this study; email verbiage is available in Appendix A. If the participate chooses to follow the URL embedded in the invitation email, they were presented with the informed consent information in Qualtrics prior to answering survey questions; informed consent verbiage is available in Appendix B. By choosing to participate in this study, respondents gave their implied consent. If 30 respondents complete the survey by 01/31/2014 no additional email solicitations will be sent. If the response rate is below 30 completed surveys on 02/01/2014, a second email encouraging potential respondents to participate will be sent. Because respondent identities are not tracked, a second email was sent to the full list of potential respondents. The statement: "If you have previously completed the Somatic Survey, please disregard this message" was appended to the top of the message.

Potential respondents from a variety of practice areas and serviced populations were provided the opportunity to complete this survey. In addition, potential respondents were required to opt-in, with no penalty for choosing to not participate. Being a random sample provided by the Minnesota Board of Social Work, this researcher is unaware of any conflicts of interest or coercion. Lastly, respondents are not prompted to provide information that would allow identification during data analysis.

The choice to focus on LICSW practitioners is threefold. First, as the literature review indicates, somatic methods are generally not taught in social work education. Current students or recent graduates may not have had the time or opportunity to seek somatic training, and therefore would skew results. Second, this research seeks to identify if there is a trend in practitioners receiving somatic training after completing their formal social work education and supervision. Lastly, surveying only LICSW practitioners focuses the research findings, and provides a detailed picture of this respondent group.

Data Collection

Data was collected via the University of St. Thomas' survey tool Qualtrics. The survey presented to respondents was created by this researcher, and vetted for face validity via peer and committee review. Survey questions were generated based on the literature.

The survey tool was designed to be brief, with the intent of respondents spending five to seven minutes to complete. A 12 to 14 question survey was identified as the optimal survey length, giving respondents an average of 30 seconds to answer each multiple choice question (C., 2011). The intentional briefness is designed to maximize response rate by removing the barrier of excessive time commitment to potential respondents. Moreover, as an initial foray into quantifying somatic methods of training, this author seeks to answer targeted questions, and is not attempting to provide an overarching account of somatic methods in the vast field of mental health.

Survey Tool

The survey tool for this research project consists of two surveys. The respondent's reply to the first question, R1, determined which survey they were presented. Question R1 asks: "Do you currently use somatic methods with your clients?" A definition of somatic methods was

provided prior to the respondent answering this question as follows: "Somatic methods are defined broadly, in two ways. First, somatic methods are defined as any mindfulness based activates - including but not limited to - meditation, breathing, and/or relaxation techniques. Secondly, somatic methods is defined as any exercise based activity – including but not limited to – walking, playing, or activities that use the body in role plays or learning exercises (eg: the patient practices walking into the therapy room with confidence, and speaking in an assertive manor)". This nominal yes or no question drove each respondent to the correct survey.

Survey questions and possible responses are detailed in Appendix C. If the respondent states "Yes" to the initial question R1, they will be presented with survey questions Y1 through Y5. Once complete with this portion of the survey, the respondent were presented with the demographic survey, questions D1 through D6.

If the respondent states "No" to the initial question R1, they were presented with survey questions N1 through N5. If the respondent answers 'Yes' to question N1n, they were asked to provide their email address, and information regarding somatic therapy will be sent by the researcher. The text of the email to be sent is available in Appendix D. Once complete with the "No" survey, the respondent were presented with the demographic survey, questions D1 through D6.

Once the "Yes" or "No" survey is complete, all respondents were routed to the demographic survey. In addition, if the respondent answers "No Response" to research question R1, they were presented with the demographic survey: Once the demographic portion of the survey is complete, the respondent was thanked for their time, and reminded that clinical research papers will be available online through the SCU/UST MSW program website after May 2014.

Survey questions and answers are outlined in Appendix C. All questions are optional, and respondents can choose not to answer, or answer with the option of "No Response". In allowing respondents to withhold a response the researcher sought to limit coercion, increase response rate, and ensure participants are not negatively affected by research questions (Mondette, 2011).

To allow respondents to comment freely, a text area was be provided. The text area was be labeled "Comments" and does not seek to solicit information specific to any portion of the survey. Information provided by respondents in the "Comments" area was not be used in compiling survey results.

Proposed Data Analysis

Descriptive Statistics. Descriptive statistics will be run for each survey question R1, Y1 to Y5, N1 to N6, and D1 to D6. This data will provide a thorough understanding of the sample's response to the questions. All results will be presented in the findings section of this document. Graphics will be used to display descriptive statistics, when necessary, to assist in the understanding or display the significance of the variable(s) being described.

Research Questions. Five research questions are asked to answer the larger question of practitioners experience with somatic therapies. To answer these questions, inferential statistics will be completed via the Statistical Package for the Social Sciences (SPSS) software package. Measurements of the statistical relationship between variables will be reported in the findings section of this document, and statistically significant relationships discussed. Statistical tests will be conducted to answer the following five research questions.

Research question number one. The research question is: "Is there a relationship between mental health professionals who use somatic methods with clients, and the mental

health professional's education in somatic methods?" The research hypothesis is: "There is an association between a mental health practitioner's use of somatic methods with clients, and the professional's education in somatic methods". A chi square will be complete to answer this question. The nominal independent variable R1 "Based on the definition of 'Somatic' provided below, do you currently use somatic methods of therapy with your clients?" with "Yes" responses, will be compared to nominal dependent variable Y2 "If you sought education in somatic methods after your formal social work coursework was complete, please identify how you received training". The dependent variable will be recoded, and all responses will be coded as "Yes" with the exception of "No training in personal or professional life has been pursued", which will be recoded as "No". Blank responses and "No Response" answers will be factored out of the calculation.

Research question number one seeks to clarify if somatic methods are used with clients only after the mental health professional receives formal education in the method. Or, do mental health professionals use somatic methods with clients without receiving formalized training?

Research question number two. The research question is: "Is there a relationship between the number of years using somatic methods, and the date a social work professional received their degree?" The research hypothesis is: "There is an association between the number of years using somatic methods, and the date the professional received their degree". A chi square will be complete to answer this question. The ratio independent variable will be comprised by regrouping questions Y4 "As a professional social worker, how many years have you used somatic method(s) with clients?", and question N5 "If you do suggest somatic activities to clients, approximately how many years have you done so?" Responses will be compared to

ratio dependent variable D1 “What year were you awarded your highest academic degree?” Blank responses and “No Response” answers will be factored out of the calculation.

Research question number two seeks to identify if there is a gap between a social worker receiving their degree and beginning to use somatic methods. Also, research question number two will reveal if social workers continue to use somatic methods with clients after they begin.

Research question number three. The research question is: “Is there a relationship between the respondent’s use of somatic methods, and their use of somatic methods with clients?” The research hypothesis is: “There is an association between practitioner use of somatic methods, and their use of somatic methods with clients”. A chi square will be complete to answer this question. The nominal independent variable will be comprised by regrouping questions Y5 “Do you currently engage in the somatic methods you may suggest to clients in your personal life?”, and question N6 “Do you currently engage in the somatic methods you may suggest to clients in your personal life?” Responses will be compared to the nominal dependent variable which will be comprised of question Y3 “What somatic methods do you have firsthand experience, training, and/or certification in that you may choose to use with clients?” and “Yes” responses to question N3 “In your practice, do you suggest to clients who may benefit from physical activity to walk, bike, garden, or engage in other situationally appropriate tasks”. Blank responses and “No Response” answers will be factored out of the calculation.

Research question three seeks to understand if practitioner use of somatic methods correlates with their use of somatic methods with clients. The researcher anticipates that practitioner use of somatic methods will influence the use of somatic methods with clients.

Research question number four. The research question is: “Is there a relationship between respondent’s level of education and seeking, or not seeking, somatic training?” The

research hypothesis is: “There is an association between level of education and seeking somatic training”. A chi square will be complete to answer this question. The nominal independent variable D2 “What is the highest level of education you have attained?”, will be compared to nominal dependent variable Y2 “If you sought education in somatic methods after your formal social work coursework was complete, please identify how you received training”. The dependent variable will be recoded, and all responses will be coded as “Yes” with the exception of “No training in personal or professional life has been pursued”, which will be recoded as “No”. Blank responses and “No Response” answers will be factored out of the calculation.

Research question number four investigates if continued formal education will influence a social worker’s choice to pursue training in somatic methods. The researcher anticipates that continued education will expose social workers to information that will encourage them to seek training in physical methods of helping.

Research question number five. The research question is: “Is there a relationship between respondent’s State of Minnesota social work license and seeking, or not seeking, somatic training?” The research hypothesis is: “There is an association between level of licensure and seeking somatic training”. A chi square will be complete to answer this question. The nominal independent variable D3 “What State of Minnesota social work license do you hold?”, will be compared to nominal dependent variable Y2 “If you sought education in somatic methods after your formal social work coursework was complete, please identify how you received training”. The dependent variable will be recoded, and all responses will be coded as “Yes” with the exception of “No training in personal or professional life has been pursued”, which will be recoded as “No”. Blank responses and “No Response” answers will be factored out of the calculation.

Research question number five seeks to identify if type of state licensure influences a clinicians choice to seek training in somatic methods. The researcher anticipates finding LICSWs pursue training in somatic methods at a higher rate than practitioners with other licensure.

Protection of Human Subjects

Prior to administering the Somatic Methods survey, this researcher will gained approval from the University of St. Catherine Institutional Review Board (IRB). As a function of protection of human subjects, potential respondents will be provided a statement of informed consent via email detailing the background, procedures, risks and benefits, confidentiality, voluntary nature of the study, and the researcher's contact information. See Appendix A for a copy of the information provided to potential respondents. Additionally, the telephone number for the St. Catherine University IRB will be provided to potential respondents, which ensured participants had an alternative to contacting the researcher directly. Respondents were encouraged to contact the researcher, his supervisor, or the IRB with questions or concerns prior to participating in the survey.

Findings

The purpose of this clinical research project is to investigate how and when social workers holding a Licensed Independent Clinical Social Worker (LICSW) in the State of Minnesota have received training in somatic methods of helping. This question interests the researcher as he has been witness to the use of somatic methods in clinical social work practice, yet has not received training in such methods in the Masters of Social Work (MSW) program. The Somatic Methods Survey sought to identify the extent to which somatic methods proliferate throughout clinical social work practice, if practitioners received formal training in somatic methods, and to identify statistically significant relationships that affect a LICSW's decision to use, or not use, somatic methods with clients.

To collect data for analysis, an email sent via Qualtircs with the text presented in Appendix A was distributed to 200 LICSWs from a randomized list purchased from the Minnesota Board of Social Work. Potential respondents were given 14 days to complete the survey before a reminder email was sent. At follow-up, the original email presented in Appendix A was resent with the following text appended at the top of the email: "If you have previously completed the Somatic Survey, please disregard this message". Potential respondents were given 31 days to take the survey after the reminder message was sent. Respondents in this study had a total of 45 days to participate prior to the Somatic Methods Survey being closed, and the data compiled and analyzed. After 45 days, the number of respondents was N=28, a 14% rate of return.

Descriptive Statistics

Descriptive statistics for the Somatic Methods Survey are presented in four discrete sections. Section one summarizes the response to question R1, asking if practitioners use

somatic methods with their clients. Section two summaries the responses of practitioners who answered "Yes" to question R1. Section three summarizes the responses of clinical social workers who answered "No" to question R1. Section four summarizes demographic information for all survey participants regardless of how they answered question R1. All survey questions and corresponding question numbers are presented in Appendix D.

The "Yes" and "No" survey have several overlapping questions. When possible, overlapped questions between the "Yes" and "No" responses to question R1 are presented side-by-side in the "Yes" findings. This is done as the "Yes" survey has N=25 respondents, as contrasted to the "No" survey's N=3.

Clinical Social Workers' Response to Survey Question R1

Of the N=28 respondents, Table 1 displays the distribution for Research Question One (R1), "Based on the definition of 'Somatic' provided below, do you / currently use somatic methods of therapy with your clients?" It is notable that the vast majority of respondents indicated "Yes", they do use somatic methods with clients:

Table 1 Frequency of responses to Research Question R1

Reponses	N=	Percentage
Yes	25	89.29%
No	3	10.71%

Clinical Social Workers' Response to the "Yes" Survey (Questions Y1 through Y6)

Clinical Social Worker Education in Somatic Methods

Of the respondents who answered Research Question R1 as "Yes", N= 25, 76% of respondents indicated that somatic methods were not presented in their formal education. Research Question Y1 – "Were somatic methods of clinical intervention taught in your formal

social work education (BSW, MSW, PhD, or DSW)?" – presents with the following frequency distribution:

Table 2 Frequency of responses to Research Question Y1

Reponses	N=	Percentage
Yes	5	20.00%
No	19	76.00%
Unsure	1	4.00%

Of the respondents who indicated "No" to Research Question R1, stated they do not use somatic methods with clients, N=3, 100% of respondents answered "No" to research question N2, "Were somatic methods of clinical intervention presented in your formal social work education (BSW, MSW, PhD, or DSW)?"

Table 3 Frequency of responses to Research Question N2

Reponses	N=	Percentage
No	3	100%

In combining research questions Y1 and N2, both asking: "Were somatic methods of clinical intervention taught in your formal social work education (BSW, MSW, PhD, or DSW)?", the following data for the full respondent group, N=28, shows:

Table 4 Combined responses to Research Questions Y1 and N2

Reponses	N=	Percentage
Yes	5	17.85%
No	22	78.57%
Unsure	1	3.57%

Clinical Social Workers' training in somatic methods

Respondents who answered "Yes" to research question R1, N= 25, provided information on how they were trained in somatic methods. Research Question Y2 "If you sought education in somatic methods after your formal social work coursework was complete, please identify how

you received training". Question Y2 allowed participants to select multiple responses. Of the 25 respondents, a total of 51 selections were made, averaging 2.04 replies per respondent.

Table 5 Responses to Research Question Y2

Training Method	N =	Percentage
Employer sponsored training in the workplace.	9	17.65%
Employer approved continuing education training outside of the workplace.	14	27.45%
Continuing education unrelated to an employer.	14	27.45%
Training and certification sought in personal life, unrelated to social work.	4	7.84%
Training sought in personal life, unrelated to social work. Certification not pursued.	10	19.61%

Clinical Social Workers Method(s) of Somatic Intervention

Survey questions Y3 and N4 ask participants to identify somatic methods they currently use with clients.

- Question Y3 asks: "What somatic methods do you have firsthand experience, training, and/or certification in that you choose to use with clients?"
- Question N4 solicits: "If you do suggest physical activities, which activities might you suggest?"

Respondents were allowed to choose multiple selections, and identified 79 somatic methods used with clients:

Table 6 Responses to Research Questions Y3 and N4

Somatic Method	Y3	N4	Total
Meditation (all forms)	20	1	21
Hypnosis	3	1	4
Yoga	7	1	8
Massage	1	1	2
In-session exercises (ie: hugging pillow)	13	1	14
Walking	10	2	12
Biking	3	2	5
Martial Arts	0	1	1
Other	10	2	12

N=25	N= 3	N=28
Mean = 2.7	Mean = 3	Mean = 2.82

On average, each respondent identified 2.82 somatic methods currently used with or suggested to clients.

Clinical Social Workers Longevity in Using Somatic Methods

Research question2 Y4 and N5 ask – "As a professional social worker, how many years have you used somatic method(s) with clients?", and "If you do suggest somatic activities to clients, approximately how many years have you done so?" Table 7 presents the frequency distribution for the number of years clinicians have been using somatic methods with clients.

Table 7: Responses to Research Question Y4 and N5

Question	>1 to 5 Years	6 to 10 Years	11-15 Years	16 - 20 Years	21 to 30 Years	31 to 40 Years	41+ Years	No Response	N=
Y4	6	9	4	2	1	2	1	0	25
N5	0	0	1	0	1	0	0	1	3
Total	6	9	5	2	2	2	1	1	28

Of the 25 respondents to Y4 and the 3 respondents to N5 who answered this question, 13 years is the mean length of time somatic methods are used with clients, 10 years the median, and 40 years as the range.

Clinical Social Worker's Use of Somatic Methods Suggested to Clients

Survey questions Y5 and N6 ask practitioners to identify if they personally use somatic methods they may suggest to clients. The researcher is interested in identifying if personal experience affects a clinician's willingness to suggest physical methods of intervention. Question Y5 asks "In your personal life, do you currently engage in the somatic methods that you suggest to clients?", whereas Question N6 asks: "Do you currently engage in the somatic methods you may suggest to clients in your personal life?" Responses distribute as follows:

Table 8 Responses to Research Questions Y5 and N6

Question	Yes - All Methods	Yes - Some Methods	N=
Y5	8	17	25
N6	1	2	3
Total	9	19	28

It is notable that no practitioner indicated they did not participate in methods they may suggested to clients.

Clinical Social Workers' Use of Physical Touch with Clients

Survey questions Y6 and N7 solicit information specific to respondent's use of physical touch with clients. Questions Y6 and N7 both ask: "Do you use physical touch with clients to convey non-verbal messages or facilitate client learning?" The researcher's interest in this question derives from legal or ethical issues that may stem from coming into physical contact with clients. The response distribution to questions Y6 and N7 identify a split where 12 respondents indicate they do not use physical contact with clients, while 16 clinical social workers indicate they will use appropriate touch with clients.

Table 9 Response to Research Questions Y6 and N7

Question	I do not come into physical contact with clients.	I use appropriate physical contact as part of my somatic approach to working with clients.	Though I do not practice somatic methods, I use appropriate physical contact with the client's consent.	N=
Y6	10	13	2	25
N7	2	0	1	3
Total	12	13	3	28

Clinical Social Workers' Response to the "No" Survey (Research Questions N1 through N7)

Descriptive statistics for survey questions N2, N4, N5, N6, and N7 are presented in the "Yes" survey findings. This was done to pair overlapping questions from the "Yes" and "No" portions of the survey, and allow readers to easily compare duplicate questions. Descriptive

statistics for survey questions N2, N4, N5, N6, and N7 will not be discussed in this section. See the "Yes" survey findings for information regarding these questions.

Clinical Social Worker Awareness of Somatic Methods

Of respondents who answered "No" to survey question R1 asking if clinicians use somatic methods with clients, N= 3 respondents who indicated they do not use somatic methods. Survey question N1 solicited a response to the question: "Prior to this survey, were you aware that somatic forms of therapy were in use?" The researcher sought to know if somatic methods were not used because respondents were not aware of this method of treatment.

Table 10 Response to Survey Question N1

Response	N=	Percentage
Yes	2	66.66%
No	1	33.33%

Respondents who answered survey question N1 were presented with a follow-up question to solicit additional information. Respondents who answered "Yes", were presented with survey question N1Y that asks: "If yes, what factors influence your decision to abstain from using somatic methods in your practice?" Of the N= 2 respondents who were presented with this question, both selected "I do not know enough about somatic methods to incorporate them into my practice".

Of the N= 1 respondent who answered "No" to survey question N1, follow-up question N1N was presented: "If somatic methods were not presented in your social work education, or you are unsure if somatic methods were presented, would you like additional information about somatic methods emailed to you?" If requested, the email template presented in Appendix E would be sent by this researcher. Of the N= 1 respondents who was presented with survey question N1N, no information was requested.

Clinical Social Workers Suggesting Clients Engage in Physical Activity

Survey question N3 seeks to identify if clinicians who answered "No" to question R1 inadvertently suggest physical activities to clients. Question N3 prompts respondents as follows: "In your practice, do you suggest to clients who may benefit from physical activity to walk, bike, garden, or engage in other situationally appropriate tasks?" Respondents answered question N3 as follows:

Table 11 Response to Survey Question N3

Response	N=	Percentage
Yes	2	66.66%
No	1	33.33%

It appears that clinicians who identify as not using somatic methods with clients (survey question R1), may in fact suggest physical activities to clients.

Clinical Social Workers' Response to the Demographic Survey (Questions D1 through N6)

All respondents, N= 28, were routed to the demographic survey after completing the "Yes" or "No" surveys. Information detailed below does not differentiate between how respondents answered research question R1.

Achievement of Highest Academic Degree

Survey question D1 prompts a response to the question: "What year were you awarded your highest academic degree?" Of the N= 28 respondents, three respondents chose to not provide a response to question D1.

Table 12 Responses to Survey Question D1

No Response	1960 - 1970	1971 - 1980	1981 - 1990	1991 - 2000	2001 - 2010	2011 - 2014
3	1	3	1	7	12	1

The range of responses to survey question D1 is 41, and the mean year of achieving the highest academic degree is 1997.

Highest Degree Attained by Survey Respondents

Demographic survey question D2 asks: "What is the highest level of education you have attained?" Of the N= 28 responses, 26 respondents identify having attained and MSW, and two respondents indicate they attained an MSSW.

State of Minnesota Licensure Held

Question D3 of the demographic survey requests respondents identify all State of Minnesota Licenses held. Survey question D3 allowed respondents to choose multiple responses, as it is possible for a single respondent to hold multiple licenses. All respondents, N= 28, indicate they hold a Masters of Social Work (MSW). One respondent further indicted they held the Licensed Psychologist (LP) license. Based on education information presented in question D2, it may be speculated that the respondent holding the LP license was grandfathered, as no respondents indicate attaining a doctoral degree.

Clinical Setting

Survey question D4 asks respondents to identify their work setting. Question D4 states: "What setting do you currently work in?" Respondents identified seven areas in which they practice social work:

Table 13 Responses to Survey Question D4

Setting	N=
Schools (all types)	9
Hospitals / Medical Clinics	9
County Government	2
Federal Government	1
Non-Profit, Under 100 employees	3
Non-Profit, 100 or more employees	4
Private Practice	6

Respondents were able to select multiple answers to survey question D4 to allow for reporting of multiple work settings. Of the N= 28 respondents, 34 selections were made on question D4. Six respondents selected two work settings; no respondents chose more than two settings.

Age of Clients

Survey question D5 asks respondents to identify the age range of their clientele. Respondents were able to select from a variety of ages, and distribution of responses to question D5 are presented in table 14. It is notable, that no respondent identified inborn children as their primary client.

Table 14 Responses to Survey Question D5

Age Range	N=
0-12	6
0-18	1
0-64	2
0-65+	3
13-18	1
13-64	1
13-65+	1
19-40	1
19-64	3
19-65+	7
41-64	1
Blank	1

Current Use of Somatic Methods with Clients

Survey question D6 asks respondents: “Do you currently use somatic methods in this setting, with this client population?” The research asked this question to allow participants a final attempt to validate their use of somatic methods prior to the end of the survey. Notably, of

the N=25 respondents who answered “Yes” to survey question R1, only 24 respondents stated “Yes” to research question D6.

Table 15 Responses to Survey Question D6

Response	N=	Percentage
Yes	24	85.71%
No	3	10.71%
Unsure	1	3.57%

Research Questions

Five research questions were asked and tested using chi squares. Each research question is answered using a statistical test to identify statistically significant relationships and draw conclusions that can be generalized to clinical social workers involved in this research project.

Research Question Number One

The research question is: “Is there a relationship between mental health professionals who use somatic methods with clients, and the mental health professional’s education in somatic methods?” The research hypothesizes that there is an association between a mental health practitioner’s use of somatic methods with clients, and the professional’s education in somatic methods. The nominal independent variable R1 will be compared to the nominal dependent variable, Y2, which will be recoded.

- R1: Based on the definition of 'Somatic' provided below, do you currently use somatic methods of therapy with your clients?
- Y2: If you sought education in somatic methods after your formal social work coursework was complete, please identify how you received training.

All responses to Y2 will be recoded as “Yes”, with the exception of response “No training in personal or professional life has been pursued”, which will be recoded as “No”.

A Chi Square test reveals that P= 0.003, which indicates a statistically significant relationship between using somatic methods, and being trained in somatic methods of therapy. Of the N=25 respondents who answered "Yes" to question R1, all respondents indicate they have received training in the use of somatic methods. This finding coincides with ethical best practices set forth by the National Association of Social Workers, which lists competence as a core value (National Association of Social Workers, 2008). As demonstrated by the findings of the somatic survey, clinical social workers are receiving training in somatic methods that are used with clients.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	8.642[a]	1	.003		
Continuity Correction[b]	1.673	1	.196		
Likelihood Ratio	4.809	1	.028		
Fisher's Exact Test				.107	.107
Linear-by-Linear Association	8.333	1	.004		
N of Valid Cases	28				

Research Question Number Two

The research question is: "Is there a relationship between the number of years using somatic methods, and the date a social work professional received their degree?" The research hypothesizes that there is an association between the number of years using somatic methods, and the date the professional received their degree. The ratio independent variable will be comprised by regrouping questions Y4 and N5:

- Y4: As a professional social worker, how many years have you used somatic method(s) with clients?

- N5: If you do suggest somatic activities to clients, approximately how many years have you done so?

Responses will be compared to ratio dependent variable D1 "What year were you awarded your highest academic degree?"

To complete the chi square test, survey questions Y4, and N5 were regrouped to show if practitioners used somatic methods with clients for over or under 15 years. In addition, survey question D1 was regrouped to show the date of attaining the highest academic degree into two categories of over or under 15 years.

A chi square test reveals that P= 0.65, which indicates there is not a statistically significant relationship between the longevity of using somatic methods with clients, and the date the highest academic degree was achieved. Of the N=28 respondents, 7 LICSW's had practice social work using somatic methods for over 16 years, and 21 respondents had practice social work using somatic methods for 15 years or less. This distribution was expected, and thus not statistically significant.

This evidence is contradictory to the research hypothesis, and is a surprising finding. The researcher anticipated that the practitioners with more years of service would be more apt to utilize somatic methods. In rejecting the research hypothesis, it is now known that somatic methods are used by clinical social workers throughout their careers.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.207[a]	1	.649		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.212	1	.645		
Fisher's Exact Test				1.000	.509
Linear-by-Linear Association	.200	1	.655		
N of Valid Cases	28				

Research Question Number Three

The research question is: "Is there a relationship between the respondent's use of somatic methods, and their use of somatic methods with clients?" The research hypothesizes that there is an association between practitioner use of somatic methods, and their use of somatic methods with clients. The nominal independent variable is comprised by regrouping questions Y5 and N6:

- Y5: Do you currently engage in the somatic methods you may suggest to clients in your personal life?
- N6: Do you currently engage in the somatic methods you may suggest to clients in your personal life?

Responses are compared to the nominal dependent variable which is comprised of question Y3 and N3:

- Y3: What somatic methods do you have firsthand experience, training, and/or certification in that you may choose to use with clients?
- N3: In your practice, do you suggest to clients who may benefit from physical activity to walk, bike, garden, or engage in other situationally appropriate tasks

A chi square test reveals that $p=0.85$, which indicates there is not a statistically significant relationship between the clinical social worker's use of somatic methods in their personal life, and suggesting clients participate in somatic methods. Of the $N=28$ practitioners who responded, all participants identify they use at least one method in their personal life they would use or suggest to clients. Though not statistically significant, this finding demonstrates that clinical social workers suggest somatic methods to clients regardless of their personal experience of said methods.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.038[a]	1	.845		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.074	1	.785		
Fisher's Exact Test				1.000	.964
Linear-by-Linear Association	.037	1	.847		
N of Valid Cases	28				

Research Question Number Four

The research question is: "Is there a relationship between respondent's level of education and seeking, or not seeking, somatic training?" The research hypothesizes that there is an association between level of education and seeking somatic training. The nominal independent variable D2 "What is the highest level of education you have attained?", is compared to nominal dependent variable Y2 "If you sought education in somatic methods after your formal social work coursework was complete, please identify how you received training". The dependent variable is recoded, and all responses will be coded as "Yes" with the exception of "No training in personal or professional life has been pursued", which is recoded as "No".

A chi square test reveals that p= 0.82, which indicates there is not a statistically significant relationship between a clinical social worker's level of education, and seeking education in somatic methods. The N=27 respondents represent a homogeneous group, all of whom indicate their highest level of education is an MSW or MSSW. Of this group, N=1 indicates they have not sought somatic training.

The research hypothesis is rejected, and findings conclude that seeking training in somatic methods is not related to level of education. This finding is contrary to the researcher's

initial belief, and is encouraging that social workers seek training in somatic methods regardless of education level.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.040[a]	1	.842		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.077	1	.781		
Fisher's Exact Test				1.000	.963
Linear-by-Linear Association	.038	1	.845		
N of Valid Cases	27				

Research Question Number Five

The research question is: "Is there a relationship between respondent's State of Minnesota social work license and seeking, or not seeking, somatic training?" The research hypothesizes that there is an association between level of licensure and seeking somatic training. The nominal independent variable D3 "What State of Minnesota social work license do you hold?", is compared to nominal dependent variable Y2 "If you sought education in somatic methods after your formal social work coursework was complete, please identify how you received training". The dependent variable is recoded, and all responses are coded "Yes" with the exception of "No training in personal or professional life has been pursued", which is recoded as "No".

A chi square test reveals that p= 0.86, which indicates there is not a statistically significant relationship between State of Minnesota licensure level and seeking training in somatic methods. The homogeneous population of N=28 LICSWs may influence the findings of this research question. One respondent identifies also being a Licensed Psychologist (LP), but does not indicate a doctoral degree in psychology has been attained. The researcher speculates

that the LP was grandfathered into this licensure and holds dual licensure of LICSW and LP. Based on the chi square test, the researcher rejects the research hypothesis, and concludes that licensure level does not affect clinical social workers propensity to seek training in somatic methods.

Chi-Square Tests

	Value	df	Asymp. Sig. (2-sided)	Exact Sig. (2-sided)	Exact Sig. (1-sided)
Pearson Chi-Square	.038[a]	1	.845		
Continuity Correction[b]	.000	1	1.000		
Likelihood Ratio	.074	1	.785		
Fisher's Exact Test				1.000	.964
Linear-by-Linear Association	.037	1	.847		
N of Valid Cases	28				

Discussion

The Somatic Methods Survey provided unique insight into the use of somatic methods by Licensed Independent Social Workers in Minnesota. A significant finding of the Somatic Methods Survey identify that clinical social workers in Minnesota pursue training in somatic methods prior to their use with clients. Training is received in a variety of ways, including both employer sponsored training and personal experiences sought outside of the workplace. In pursuing training, clinical social workers exemplify the ethical standard of competence put forth in the NASW code of ethics.

Additional findings of this clinical research project indicate that various demographic factors of: years using somatic methods, highest academic degree achieved, level of state licensure, and practitioner's personal use of somatic methods are not statistically relevant in the pursuit of somatic education. These findings are encouraging, as social workers at all levels of experience, educational level, and licensure seek to learn about and use somatic methods with clients.

The Body as a Source of Information and Learning

As noted in the literature by Wilder (2005) and Cramer (2012), physical expressions in the clinical environment allow clients to discharge energy in a safe and controlled way. In using experiential learnings with clients both in and between sessions, clinical social workers are allowing clients to access information that may not otherwise be available to the conscious mind. The Somatic Methods Survey identified eight unique ways in which clinical social workers use somatic methods with clients, and demonstrates the wide array opportunities for practitioners to incorporate somatic methods into their practice.

In discharging energy in healthy ways a client's body becomes a metaphor for therapy, and connections between physical motions and therapeutic motions can be made (Wilder, 2005). As identified by the respondent's selection of somatic methods, many practitioners use both mindful based activities along with physically activities. It appears that these findings support Wilder's conclusion that somatic therapy can be useful.

Notable is the n=13 practitioners (52%) who indicate they use "In-session exercises (ie: hugging pillow)". Inclusion of somatic methods in session suggests a willingness of clinical social workers to use a variety of methods to help clients identify and pursue their goals. Moreover, this finding is encouraging, as a large portion of clinical social workers are finding ways to stray from traditional cognitive methods, and use new and innovative interventions with clients. Though not fully developed in the professional literature, it appears that the use of experiential learning in clinical social work may be growing, as methods such as in-session somatic methods proliferate through the field. This observation coincides with Cramer's (2012) observation that the use of experiential learning in education is common, though not fully developed in the literature.

Mindfulness

Mindfulness as defined by Kabat-Zinn (2003) is a somatic activity that actively seeks to engage the body to simply be, here and now, without judgment. The survey contained questions that identified the number of clinical social workers who use "Meditation (All Forms)" with clients. Three quarters of respondents identified using meditation with clients, indicating that social workers appear to value the use of meditation in their practice. This finding aligns with the literature which shows that bodily knowledge is useful, and client outcomes can benefit from understanding physical forms of information (Barnacle, 2009; Saleebey, 1992).

Somatic Training in Social Work Education

Training in somatic methods has remained a peripheral portion of the field's curriculum, though there is evidence supporting the efficacy as a clinical tool (Hassad, 2007). Education in somatic methods would allow social workers to better use empathy as a tool to understand a client's situation. Gerdes & Segal (2011) argue that one of three necessary elements to generate empathy is a sharing between self and other. Sharing triggers mirror neurons to generate an empathetic feeling in an observer, and thus allow two people to share a single experience (Gerdes, 2011). Empathy being a core tool of social work, it is interesting that somatic methods remain a small portion of a social worker's formal education.

The Somatic Method's Survey identified 89% of LICSWs in Minnesota use somatic methods with their clients. Interestingly, respondents who identify using somatic methods, only 5 (20%) answered "Yes" to survey question Y1 inquiring if somatic methods were taught in their formal social work education. The disparity of 89% of social workers using somatic methods, though only 20% identify having been trained in their social work education, begs the question about how clinical social workers are being trained.

The Somatic Methods Survey identified five discrete ways in clinical social workers are trained in somatic methods. As indicated by respondents, training was acquired through participation in training provided through an employer or sought independently. Interestingly, the employee sponsored trainings "Employer sponsored training in the workplace.", and "Employer approved continuing education training outside of the workplace.", account for 23 of the 51 responses (45%). This indicates that clinical social workers seek training in somatic methods 55% of the time independently from their employer. It is telling the majority of clinical

social workers in Minnesota seek training in somatic methods independently of their employer, and could indicate a gap in employer sponsored training curriculum.

Not researched in the Somatic Methods Study, yet pertinent to this discussion, is clinical social worker habits of seeking continuing education credits. Of the 55% of respondents who sought training in somatic methods independent from their employer, what was the catalyst for choosing to seek out such training? In addition, how locating training(s) based in somatic methods would be an interesting question for further study.

The use of Touch in Clinical Social Work Practice

The social work literature has a dearth of information about the use of physical contact with clients. Inherent in physical touch is a fear of boundary violations that, at worst, violates clients and brings legal action against the practitioner. Due to the severity of potential boundary crossing, the researcher sought to uncover how survey participants use physical touch in their practice.

Survey question Y6 and N7 asked survey participants sought to elicit LICSWs use of physical touch with clients. Notably, 12 of the 28 respondents (43%) indicate "I do not come into physical contact with clients". This is a significant portion of respondents, and this researcher asserts an unspoken norm amongst social workers is that it is professionally dangerous to come into physical contact with clients.

The NASW Code of Ethics provides an Ethical Standard for social workers to follow in regards to physical contact:

> 1.10 Physical Contact
>
> Social workers should not engage in physical contact with clients when there is a possibility of psychological harm to the client as a result of the contact (such as cradling

> or caressing clients). Social workers who engage in appropriate physical contact with clients are responsible for setting clear, appropriate, and culturally sensitive boundaries that govern such physical contact. (National Association of Social Workers, 2008)

Though the code of ethics allows for "appropriate physical contact", 43% of respondents in the Somatic Methods Survey choose not to use physical contact with clients. It may be that this choice is appropriate, though it may also be that the practitioners are uncomfortable in venturing into an ethically problematic area.

Of the 57% of respondents who do use physical touch with clients, n=13 (46%) used physical contact as part of their somatic intervention. This is an encouraging finding, as a large percentage of respondents identified ethically appropriate ways to incorporate the use of somatic methods with clients.

Interestingly, n=3 respondents identify that they will use appropriate physical contact with clients, though they have not been trained in somatic methods. In choosing to use physical contact with clients, this subset of social workers is choosing to identify ethical ways in which to support their clients. Moreover, in using appropriate physical touch, clinicians are ensured their client's cognitive and corporeal needs are being meet.

Strengths and Limitations

Strengths

The strengths of this clinical research project include a response rate of 14% (28 of 200 surveys sent), research question One having statistically significant results, and rich data yielded from several survey questions. In addition, this research seeks to enhance the profession's understanding of how social workers are educated on somatic interventions, and how training is

received. Social workers identify that somatic methods are typically not part of a social work education, and training in somatic methods is sought after formal education.

Limitations

This clinical research project has several limitations. First, though n=28, it falls below the researcher's goal of a minimum of 30 responses. In addition, the fast pace of this research project did not allow the researcher to test the validity of the Somatic Methods Survey, beyond basic face validity. The Somatic Methods Survey could have benefited from construct and convergent validity testing prior to being distributed to respondents.

In addition, the somatic methods survey is limited in its scope. The convenience sample limits the generalizability of the Somatic Methods Survey. Based on this limitation, findings from this study are not generalizable broadly. Next, the Somatic Methods Survey was conducted at a time when State of Minnesota Social Workers were receiving many requests to complete surveys. The rate of return may have been negatively affected by the timing of the Somatic Methods Survey's distribution. Lastly, the recruitment email (Appendix A) provided details about the nature of the study. Potential respondents may have self-selected out of participating in the Somatic Methods Survey if they did not use physical methods with clients.

Contributions to Social Work Practice

The Somatic Methods Survey seeks to contribute to the discussion in the professional literature about the use of somatic methods with clients. The findings from the Somatic Methods Survey show that incorporating corporeal knowledge into the helping relationship is common, though not presented in formal social work education. In seeking to uncover the extent to which somatic methods are used in clinical social work, the researcher hopes to instigate a conversation about the usefulness of bodily methods of intervention, and to call into question the lack of

training in formal education. In addition, the researcher seeks to fulfil his ethical duty as outline in the NASW Code of Ethics, section 5.02, Evaluation and Research.

Implications for Future Research

The Somatic Methods Survey identifies several implications for future research. First, expanding the use of the Somatic Methods Survey to include other mental health professionals, such as psychologists and marriage and family therapists, would enhance the measure of somatic methods used with clients. In addition, the various degree programs could be compared to identify if a particular profession favors somatic interventions.

Next, future research into social work education to understand the catalyst for programs to incorporate somatic methods into the curriculum may yield interesting results. As identified via the Somatic Methods Survey, a large number of clinical social workers are trained in somatic methods, yet few formal education programs offer such training. It is interesting that practitioners in the field find somatic methods useful in their work, yet formal education does on account for such training. Additional research could substantiate the tertiary finds of the Somatic Methods Survey, and provide evidence that training social work students in somatic methods is a best practice for client outcomes.

Lastly, research into the area of physical contact with clients would benefit social workers. Social workers are provided with ethical guidelines that limit physical contact to instances that, at minimum, do not bring harm to clients. This researcher questions if the taboo of physical contact with clients limits social worker's wiliness to bring physical contact to their practice. As a helping profession with an emphasis in empathy, what could be more natural than a reassuring touch on the shoulder when a client is in the midst of an emotional situation? Yet, with the legal implications looming large, social workers may limit their professional impulses to

support clients to protect their career. Could the taboo of appropriate physical contact with client's be lifted and allow social workers to bring our supportive words in synch with supportive behaviors to support clients on intellectual and physical levels?

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Appendix A

Potential respondents will be sent the following email from Qualtrics inviting them to participate in this clinical research project.

To: Respondent
From: Qualtrics@stthomas.edu

Subject: Clinical Research Project: LICSW Education and Training in Somatic Methods

Dear _____,

You are invited to participate in a clinical research project investigating the use of somatic practices by Licensed Independent Clinical Social Workers (LICSW) with clients. This research seeks to identity how and when clinical social workers who use somatic methods with their clients received training. Somatic methods are broadly defined as mindful activities such as meditation, and as physical activities such as taking a walk during session. The somatic methods survey is 13 to 16 questions, and should take between 10 and 15 minutes to complete.

You have been selected as a possible participant for this research because you are an LICSW licensed by the Minnesota Board of Social Work. Approximately 200 participants will be invited to participate in this survey.

This study is being conducted by James Johns, MSW student in the St. Catherine University and University of St. Thomas Masters of Social Work Program. Sarah Ferguson, PhD, is supervising this clinical research project.

For additional information about this study and to participate in the study please click the link below:

http://studyurl.com

Questions about the Somatic Methods survey should be directed to the researcher:

James Johns
St. Catherine University and University of St. Thomas MSW Student
john1625@stthomas.edu

Appendix B

The below information will be displayed in Qualtrics prior to the respondent taking the Somatic Methods survey.

Research Information and Informed Consent

Introduction
You are invited to participate in a research study investigating the use of somatic practices by Licensed Independent Clinical Social Workers (LICSW) with clients. This research seeks to identity how and when clinical social workers who use somatic methods with their clients received training. Somatic methods are broadly defined as mindful activities such as meditation, and as physical activities such as taking a walk during session. The somatic methods survey is 12 to 15 questions, and should take between 10 and 15 minutes to complete.

This study is being conducted by James Johns, MSW student in the St. Catherine University and University of St. Thomas Masters of Social Work Program. Sarah Ferguson, PhD, is supervising this clinical research project.

Background Information:
You have been selected as a possible participant for this research because you are an LICSW licensed by the Minnesota Board of Social Work. The purpose of this study is to identify how and when clinical social workers who use somatic methods with their clients received training. Approximately 200 participants will be invited to participate in this survey.

Procedures
If you decide to participate in the study continue on to complete the survey. If you do not want to complete the survey, close the browser window. If you decide to participate, you will be asked to complete an online survey about your use of somatic methods with clients, and how you received training in these methods. This study is a single session, and will take approximately 10 to 15 minutes to complete.

Risks and Benefits of Participation
There are no direct benefits to you resulting from your participation. This study may benefit the social work profession. Results of this research may lead to better understanding of how widespread the use of somatic methods is by LICSW's licensed by the State of Minnesota. Additional, this study may identify how and when practitioners received training in somatic methods.

There are no known risks of participation in this study.

Confidentiality
The records of this study will be kept confidential. Responses to the Somatic Methods survey will be stored in Qualtrics, a University of St. Thomas data analysis tool, and in the researcher's online, password protected, cloud storage. The researcher is the only person who will know the password to the data file, and is the only person with access to the password protected cloud

drive. The researcher will provide the dataset to his supervisor, Sarah Ferguson, PhD, if requested. Data collected for this research project will be destroyed by August 1st, 2014.

In addition, you will not be required to provide your name, contact information, or other identifying information when completing this survey.

Voluntary Nature of the Study

Participation in this research study is voluntary. Your decision whether or not to participate will not affect your future relations with St. Catherine University or the University of St. Thomas Masters of Social Work (MSW) Program in any way. If you decide to participate, you are free to stop at any time without affecting these relationships.

Contact Information

Questions about the Somatic Methods survey should be directed to the researcher:

James Johns
SCU/UST MSW Student
john1625@stthomas.edu

If the researcher is unavailable, or you would prefer to discuss this research with his supervisor or the IRB, you can contact:

Sarah M. Ferguson, MA, MSW, Ph.D.
Associate Professor of Social Work
smferguson@stkate.edu

Or

John Schmitt, IRB Chair
St. Catherine University Institutional Review Board
jsschmitt@stkate.edu
651.690.7739

Statement of Consent

You are making a decision whether or not to participate. By choosing to continue in the Somatic Survey, you are indicating you have read this information, your questions have been answered, and you voluntarily consent to participate in this clinical research project. Please note that you may withdraw from the study at any time by closing the browser window.

Appendix C

Stats Planning Sheet – GRSW682

Do licensed mental health professionals who use somatic methods with clients have firsthand experience and/or formal training in the selected method?

Small Research Questions	Variables	How are variables operationalized (state the survey question you will use to measure variables)?	Level of measurement of variables (both independent and dependent)	Statistics
Res. Q. #1: Descriptive: *How many respondents indicate they do, or do not, use somatic methods in their practice?*	R1		Nominal or ordinal ~ Nominal: Yes/No	Descriptive and/or Bar Chart
Res. Q. #2: Descriptive: *How many respondents were presented with somatic methods of therapy in their formal social work education?*	Y1 + N2		Nominal or ordinal ~ Nominal: Yes/No	Descriptive and/or Bar Chart. Sum or Y1 and N2, and individual Yes/No measures.
Res Q. #3: Descriptive *How did respondents who use somatic methods in their practice were receive training?*	Y2		Nominal or ordinal ~ Unordered list	Summary and/or bar chart.
Res Q. #4: Descriptive	N1		Nominal or ordinal	Summary and/or bar chart.

If respondent currently does not use somatic methods, were they aware of this practice method?			~ Unordered list ~ Nominal: Yes/No	
Res Q. #5: Descriptive *If respondent does not use somatic methods, but is aware of them, why do they choose to abstain?*	N1y		Nominal or ordinal ~ Unordered list	Summary and/or bar chart.
Res Q. #6: Descriptive *If a respondent was unaware of somatic methods, would they like additional information?*	N1n		Nominal or ordinal ~ Nominal: Yes/No	Summary and/or bar chart.
Res Q. #7: Descriptive *Of practitioners who responded they do suggest somatic methods to clients, what methods are suggested?*	Y3		Nominal or ordinal ~ Unordered list	Summary and/or bar chart.
Res Q. #8 Descriptive *Of practitioners who report they do use somatic methods in their practice, how many suggest*	N3		Nominal or ordinal ~ Nominal: Yes/No	Summary and/or bar chart.

clients engage in somatic methods outside of session?				
Res Q. #9: Descriptive *Of practitioners who responded they are not trained in somatic methods, do they suggest somatic exercises to clients?*	N3		Nominal or ordinal ~ Nominal: Yes/No	Summary and/or bar chart.
Res Q. #10: Descriptive *Of practitioners who do not use somatic methods in their therapy who do suggest clients engage in somatic activities, what activities are suggested?*	N4		Nominal or ordinal ~ Unordered list	Summary and/or bar chart.
Res Q. #11: Descriptive *Of practitioners who suggest somatic activities to clients, how many years have they been doing so?*	Y4 + N5		Continuous / Ratio	Mean, median, mode for both groups and together. Possible scatterplot.
Res Q. #12: Descriptive *Do practitioners who use or suggest somatic activities to clients engage in*	Y5 + N6		Nominal or ordinal ~ Nominal: Yes/No	Summary and/or bar chart.

these activities themselves?				
Res Q. #13: Inferential *Do mental health professionals who use somatic methods with clients have training in the methods suggested?*	R1 (Yes) / Y2		Categorical	Chi-Square
Res Q. #14: Inferential *Is there a statistically significant relationship between degree date and number of years using somatic methods with clients?*	D1 / Y4+N5 (grouped)		Categorical	Chi-Square
Res Q. #15: Inferential *Is there a statistically significant relationship between practitioners who use or suggest somatic methods to clients, and those who practice some of the methods themselves?*	Y3 + N3 (yes only) / Y5 + N6		Categorical	Chi-Square
Res Q. #16: Inferential *Is there a*	D2 / Y2		Categorical	Chi-Square

statistically significant relationship between level social work education received and seeking training in somatic methods?				
Res Q. #15: Inferential *Is there a statistically significant relationship between level of state licensure and seeking training in somatic methods?*	D3 / Y2		Categorical	Chi-Square

Appendix D

The survey questions and responses presented to respondents are detailed below.

	First Question - Determines Which Survey Is taken Next	Level of Measure	Variable Type
R1	Based on the definition of 'Somatic' provided below, do you currently use somatic methods of therapy with your clients? Somatic methods are defined broadly, in two ways: • Mindfulness based activities - including but not limited to - meditation, breathing, and/or relaxation techniques. • Exercise based activity – including but not limited to – walking, playing, or activities that use the body in role plays or learning exercises (eg: the patient practices walking into the therapy room with confidence).	Categorical	Nominal
	Yes		
	No		
	No Response		

	'Yes' Survey:	Level of Measure	Variable Type
Y1	Were somatic methods of clinic intervention taught in your formal social work education (BSW, MSW, PhD, or DSW)?	Categorical	Nominal
	Yes		
	No		
	Unsure		
	No Response		

Y2	If you sought education in somatic methods after your formal social work coursework was complete, please identify how you received training.	Categorical	Nominal
	Employer sponsored training in the workplace.		
	Employer approved continuing education training outside of the workplace.		
	Continuing education unrelated to an employer		
	Training and certification sought in personal life, unrelated to social work (ie: Yoga Instructor Certification).		
	Training sought in personal life, unrelated to social work. Certification not pursued (ie: Yoga student who does not teach).		

	No training in personal or professional life has been pursued.		
	No Responses		
Y3	What somatic methods do you have first-hand experience, training, and/or certification in that you may choose to use with clients?	Categorical	Nominal
	Meditation (all forms)		
	Hypnosis		
	Yoga		
	Massage		
	In-session exercises (ie: hugging pillow)		
	Walking		
	Biking		
	Other		
	No Responses		
Y4	As a professional social worker, how many years have you used somatic method(s) with clients?	Continuous	Ratio
	Dropdown 1-50+		
	No Responses		
Y5	Do you currently engage in the somatic methods you may suggest to clients in your personal life?	Categorical	Nominal
	Yes- All Methods		
	Yes - Some Methods		
	No		
	No Responses		
Y6	Do you use physical touch with clients to convey non-verbal messages or facilitate client learning?	Categorical	Nominal
	I do not come into physical contact with clients.		
	I use appropriate physical contact as part of my somatic approach to working with clients.		
	Though I do not practice somatic methods, I use appropriate physical contact with the client's consent. (e.g. a comforting touch on the arm to convey support during a difficult time.)		
	No Response		

	No' Survey:	**Level of Measure**	**Variable Type**

N1	Prior to this survey, were you aware that somatic forms of therapy were in use?	Categorical	Nominal
	Yes		
	No		
	Unsure		
	No Response		

N1y	If yes, what factors influence your decision to abstain from using somatic methods in your practice?	Categorical	Nominal
	Somatic methods are not relevant to my practice.		
	I am not interested in using somatic methods in my practice.		
	I do not know enough about somatic methods to incorporate them into my practice.		
	Somatic training is not available in my area.		
	Somatic training is too expensive.		
	No Response		

N1n	If no, would you like additional information after survey?	Categorical	Nominal
	Yes		
	No		
	No Response		

N2	Were somatic methods clinic intervention presented in your formal social work education (BSW, MSW, PhD, or DSW)?	Categorical	Nominal
	Yes		
	No		
	Unsure		
	No Response		

N3	In your practice, do you suggest to clients who may benefit from physical activity to walk, bike, garden, or engage in other situationally appropriate tasks?	Categorical	Nominal
	Yes		
	No		
	No Response		

N4	If you do suggest physical activities, which activities might you suggest?	Categorical	Nominal
	Meditation (all forms)		
	Hypnosis		
	Yoga		
	Massage		

	In-session exercises (ie: hugging pillow)		
	Walking		
	Biking		
	Martial Arts		
	Other		
	No Response		
N5	If you do suggest somatic activities to clients, approximately how many years have you done so?	Continuous	Ratio
	Dropdown 1-50+		
	No Response		
N6	Do you currently engage in the somatic methods you may suggest to clients in your personal life?	Categorical	Nominal
	Yes- All Methods		
	Yes - Some of the methods.		
	No		
	No Response		
N7	Do you use physical touch with clients to convey non-verbal messages or facilitate client learning?	Categorical	Nominal
	I do not come into physical contact with clients.		
	I use appropriate physical contact as part of my somatic approach to working with clients.		
	Though I do not practice somatic methods, I use appropriate physical contact with the client's consent. (e.g. a comforting touch on the arm to convey support during a difficult time.)		
	No Response		
	Demographic Survey:	**Level of Measure**	**Variable Type**
D1	What year were you awarded your highest academic degree?	Continuous	Ratio
	Dropdown with years 1940-2013		
	No Response		
D2	What is the highest level of education you have attained?	Categorical	Ordinal
	BSW		
	MSW		
	MSSW		
	PhD		
	DSW		

	PsyD		
	PhD		
	EdD		
	No Response		

D3	What State of Minnesota social work license do you hold?	Categorical	Ordinal
	LSW		
	LISW		
	LICSW		
	LP		
	LMFT		
	No Response		

D4	What setting do you currently work in? (School, hospital, private practice, etc.)	Categorical	Nominal
	Schools (all types)		
	Hospitals / Medical Clinics		
	Nursing Home / Long Term Care		
	County Government		
	State Government		
	Federal Government		
	Non-Profit, Under 100 employees		
	Non-Profit, 100 or more employees		
	Private Practice		
	No Response		

D5	What is the age range of your typical client. Select as many as needed.	Categorical	Ordinal
	Unborn children.		
	Children between the ages of 1 day and 12 years old.		
	Youth between the ages of 13 and 18.		
	Young adults between 19 and 40 years old.		
	Adults between 41 and 64 years old.		
	Adults 65+ years old.		
	No Response		

D6	Do you currently use somatic methods in this setting, with this client population?	Categorical	Nominal
	Yes		
	No		
	Unsure		

No Reponses

Text area for anything Respondents would like to share.

Appendix E

If a respondent answered "Yes" to research question N1n and provided an email address, the following message was sent by the researcher. Once sent, the email was deleted from the researcher's St. Thomas email account to protect respondent confidentiality.

To: Respondent
From: john1625@stthomas.du

Regarding: The use of Somatic Methods in Clinical Social Work – Additional Information

While taking a survey regarding the use of somatic methods in social work, you indicated you would like additional information. Below are citations to several articles, and links to somatic training organizations. This researcher is in no way affiliated with the authors of the articles, or the organizations linked below. This researcher derives no benefit or consequence from your choice to pursue additional information and/or training.

Your contact information will be deleted from this researcher's email shortly after this message is sent.

Articles:

Peile, C. (1998). Emotional and embodied knowledge: implications for critical practice. Journal of Sociology & Social Welfare, 39-59.

Saleebey, D. (1992). Biology's challenge to social work: embodying the person-in-environment perspective. Social Work, 37(2), 112-118.

Sodhi, M. K., & Cohen, H. L. (2013). The manifestation and integration of embodied knowing into social work practice. Adult Education Quarterly, 62(2), 120-137

Tangenbery, K. M., & Kemp, S. (2002). Embodied practice: claiming the body's experience, agency, and knowledge for social work. Social Work, 47(1), 9-18.

Somatic Training Organizations:

Hakomi Institute- www.hakomiinstitute.com

Sensorimotor Psychotherapy Institute - www.sensorimotorpsychotherapy.org

Strozzi Institute - www.strozziinstitute.com

Thank you for participating in this survey.

James Johns
St. Catherine University and University of St. Thomas MSW Student
john1625@stthomas.edu