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Integrative Body-Mind-Spirit Practice Among Mental Health Professionals

Jessica Rosendahl
St. Catherine University

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Integrative Body-Mind-Spirit Practice Among Mental Health Professionals

by

Jessica L. Rosendahl, B.S.W.

MSW Clinical Research Paper

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Committee Members
Pa Der Vang, MSW, Ph.D., LICSW
Jean Gregg, LICSW
Laurie Anderson Sathe, Ed. D.

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

Increasingly, mental health professionals aim to reduce symptoms of dysfunctions. Throughout time, body-mind-spirit practices have been reemerging in Western culture as a treatment modality. This study focuses on Integrative Body-Mind-Spirit mental health practices through semi-structured interviews aimed to discover the common methods and experiences practitioners have within the body-mind-spirit framework. Through semi-structured interviews of participants, four main themes emerged from the data: client control of their wellbeing, professional qualities, treatments and interventions used, and interconnectedness.

*Keywords*: integrative, body-mind-spirit, holistic, mental health
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Integrative Body-Mind-Spirit Practices

In the United States alone one in four adults or sixty-one million people “experiences mental illness in a given year” (National Alliance on Mental Illness, 2013, p. 1). There are millions of people living with mental health issues every day ranging anywhere from anxiety and depression to schizophrenia and posttraumatic stress disorder (PTSD). Mental health professionals assist in restoring their client’s overall wellness. Social workers make up a large portion of mental health professionals, approximately 60% (National Association of Social Workers, n.d.). The same percentage (60%) applies to the number of people who do not receive mental health services (National Alliance on Mental Illness, 2013). The National Association of Social Workers (n.d.) outlines a broad definition of what social workers strive to accomplish including assisting clients to “restore or enhance their capacity for social functioning, and work to create societal conditions that support communities in need” (para. 6). Since a large portion of the population is not receiving services for their mental health conditions, it is evident that social workers have a calling to bring accessible treatments to clients.

Integrative Body-Mind-Spirit practice is a broad term that incorporates the body, mind, and spiritual aspects of an individual. Throughout this report, “integrative” methods will be defined as “a process of transformation that expands beyond physical/biochemical view of illness and health based on the scientific knowledge and also embraces ancient wisdoms, which emphasize holism” (Lee, Ng, & Chan, 2009, p. xxxii). Integrative Body-Mind-Spirit social work practice takes on a holistic approach that incorporates multiple methodologies to best suit the client’s needs. This approach utilizes Western practices and incorporates Eastern philosophies and techniques. The integration of Western and Eastern practices creates a greater emphasis on the body-mind-spirit connection (Lee et al., 2009). One of the major definitive factors of
Integrative Body-Mind-Spirit practice is the acceptance of multiple modalities in treating people through “connection with the larger environment” (Lee et al., 2009, p. 5).

Lee et al. (2009) recognizes the ethical responsibility for social workers to use a broad range of effective treatments to best suit their clients. Integrative Body-Mind-Spirit practice incorporates alternative and complementary practices as well as traditional therapy approaches. These two are used in conjunction with one another, not separate. From there, many avenues of specialty social work fields emerged based on the professional’s specific interests (Lee et al., 2009). These specialty practices of using aspects of one modality mixed with another is integrative work itself. Lee et al. (2009) describes the history of social work and how it has evolved and changed modern day practice. Today, with a wide array of treatment and intervention methods to choose from and utilize in practice Lee et al. (2009) states “The crucial question is not about which approach is the best or most accurate but about which aspects of human experience or consciousness that different schools and traditions of social work treatment attempt to address” (p. xxv).

Throughout this report, there will be several terms related to Integrative-Body-Mind-Spirit practice that need to be defined. When researching Integrative Body-Mind-Spirit practices, complementary and alternative treatments often emerge. “Complementary” and “alternative” medicine (CAM) will be defined as “a group of diverse medical and health care systems, practices, and products that are not presently considered to be part of conventional medicine” (National Institutes of Health, 2003, para. 1). Integrative Body-Mind-Spirit practice incorporates alternative and complementary practices as well as traditional therapy approaches. These two are used in conjunction with one another, not separate (Lee et al., 2009). Examples of CAM include mind-body techniques, herbalism, and energy therapies. More specific examples include
acupuncture, aromatherapy, meditation, and Tai Chi (National Institute of Health, 2014). CAM usage is becoming increasingly popular in Western culture. The National Center for Complementary and Alternative Medicine (2008) conducted a study that accounted for CAM usage in the United States. The 2008 study reported that 4 in 10 adults use CAM. This shows people want to use these interventions and are seeking them out; it indicates an increase in people’s awareness of less-invasive, cost effective treatment options. Social workers who recognize the need for these treatment options can efficiently incorporate it into their current practice. Each practitioner who pairs their current methods with CAM methods creates their own unique Integrative Mind-Body-Spirit practice. Each practitioner’s practice can be uniquely different based on the methods they choose to incorporate.

Traditional mental health treatment methods are often paired with complementary and alternative treatments to create an Integrative Body-Mind-Spirit approach. “Traditional” methods will be referred as using modalities such as cognitive-behavioral, solution-focused, and strategic family approaches (Lee et al., 2009). These methods of working with clients have contributed greatly to mental health professions and continue to be used within Integrative Body-Mind-Spirit approaches. Lee et al. (2009) emphasizes the importance of understanding that Integrative Body-Mind-Sprit practices are not attempting to get rid of traditional modalities; rather the approach “attempts to expand beyond existing social work practice models and integrate a more holistic orientation” (p. xi).

This research will examine Integrative Mind-Body-Spirit practice in relation to mental health professionals and more specifically social work. Raheim and Lu (2014) explain, “beyond the ground-breaking work of Lee et al. (2009), the IMBS [Integrative Mind-Body-Spirit] practice paradigm has not been addressed in the social work literature” (p. 290). Due to the scarcity of
Literature on integrative practices specifically related to the social work profession, this research attempts to add to the preexisting literature on Integrative Body-Mind-Spirit practice among mental health professionals. The research question is: what are the common experiences and approaches among mental health professionals using an Integrative Body-Mind-Spirit approach with clients? The literature review will look at the integrative approach, its benefits with clients, and treatment methods.

**Literature Review**

Every day, body-mind-spirit practices are being incorporated into mental health practice. Although there is literature on the practices used within Eastern cultures, there are few studies outlining the specific methods and interventions mental health professionals use within the Integrative Body-Mind-Spirit model. There has been expansive research on CAM; however, there is little research on Integrative Body-Mind-Spirit work within the social work profession (Carrington, 2013). Many mental health professionals adhere to evidence-based practices. Due to minimal research on Integrative Body-Mind-Spirit methods, professionals may feel ill prepared to incorporate CAM methods into their current practice to form an Integrative Body-Mind-Spirit approach. Based on the success of both traditional and alternative treatment models, integrative modalities are used to embrace a multitude of approaches and harmonizing them. Without the understanding of what methods mental health professionals can use with an Integrative Body-Mind-Spirit approach, practitioners are left to make guesses by drawing upon research that is not specifically tailored to their profession.

Diagnosis is often the main focus of traditional treatments that limit the view of the whole person. Once an individual receives a diagnosis, specific treatments are used based on the diagnosis; practitioners may overlook other treatment options due to hyper-focus on the
diagnostic label (Lee et al., 2009). Assessments are the first tools social workers and other mental health professionals use when developing an intervention strategy. Depending on the type of assessment used, the intervention or treatment will vary. If the practitioner is collecting a list of symptoms, diagnosing, and choosing an intervention based on the diagnosis, then the client is not being looked at holistically. Interventions and treatments should not solely be based upon symptoms or a diagnosis. Many social workers use a biopsychosocial assessment in an attempt to understand the various systems of an individual’s life. This type of assessment allows the practitioner to gain a better view of the client as a whole. Social workers may be accustomed to using such an approach, often times it still lacks aspects that integrative care highlights (such as emphasis on spirituality). Western culture isolates each variable of a person’s life, neglecting to see how they interconnect. Eastern cultures have been more successful at assessing the whole person and providing treatments that interact with their entire system. Due to the success of this model, more countries are adopting Eastern treatment strategies (Chan, Ho, & Chow, 2002). Eastern treatments involve interventions that treat the person as a whole recognizing the interconnectedness of each system. For example, “if a person has weak lungs, he or she is likely to be depressive and sorrowful” (Chan et al., 2002, p. 266). An integrative intervention would not only treat the depression and the weak lungs, but would also take into consideration elements of nature and social relationships that play a role in the health and healing of the person (Chan et al., 2002).

Everyone has his or her own unique needs; there is not a universal treatment or intervention that will work for everyone. Integrative Body-Mind-Spirit practice focuses on person-centered, client-driven treatment; collaboration exists between the client and practitioner to find the most appropriate intervention to meet their needs. Many traditional and CAM
treatments have been researched and proven effective. This report recognizes that both treatment approaches can be effective and looks at merging the two to form an integrative approach to best meet the individual’s needs.

**Connectedness**

Lee et al. (2009) illustrates that every aspect of an individual (mind, body, and spirit) is interconnected and should not be isolated. Hartman and Zimberoff (2011) wrote about their definition of integrative health: the blending of traditional and alternative medicine that forms integrative health. When the traditional model is paired with alternative methods, the person is put back into the healing process and healing can happen at a more rapid pace (Hartman & Zimberoff, 2011). If individuals are experiencing physical pain, then other systems are likely to be disrupted as well. Some experience somatic pain when they are in psychological distress. For example, by assisting clients through a body-scan, they can begin to increase their understanding and awareness of their physical symptoms and how they are connected to their emotional pain (Leung, Chan, Ng, & Lee, 2009). The focus should not be solely on the pain that is the loudest, but rather focus on balancing and strengthening each system (Chan et al., 2002).

**Clients in control**

Integrative therapies should allow for the possibility of self-administration once the individual has acquired the techniques. Leung et al. (2009) outlines the three main goals of Integrative Body-Mind-Spirit work as “(1) promoting balance; (2) fostering strengths; and (3) facilitating meaning-making” (p. 305). Each goal addresses the body, mind, and spirit of an individual. The integrative model relies heavily on the collaborative relationship between the client and practitioner using evidence-based practices of both traditional treatments as well as alternative methods (Hoenders, Appelo, van den Brink, Hartogs, & de Jong, 2011).
Animal-assisted psychotherapy is another intervention used to develop an awareness of the interconnectedness between mind, body, and spirit. Smith-Osborne and Selby (2010) explains the benefits of equine-assisted psychotherapy and highlights its effectiveness because of the horse’s unique nature. Equine-assisted psychotherapy not only affects physical wellbeing, but overall wellbeing (mind, body, and spirit). Horses are prey animals who have extreme sensitivity to their surroundings; therefore, when interacting with people, they have the ability to provide feedback of the person’s emotional state (Smith-Osborne & Selby, 2008).

Working with horses can occur in a variety of ways whether it is grooming, leading, riding, or training. In any circumstance, the horses are highly aware of their surrounding and in tune with human’s internal states. Horses “offer individuals nonjudgmental, honest feedback and teach people to be more aware of the connections between mind, body, and emotions through breath and body sensations” (Lac, Marble, & Boie, 2013, p. 490). This feedback not only assist the therapist in reading their client’s internal state, but the client can gain a greater understanding for the interconnectedness between mind, body, and spirit through the horses’ mirroring those they interact with. One study found increased mindfulness among participants and decreased anxiety symptoms. The study worked with individuals who had experienced trauma and worked with them through six two-hour sessions (Earles, Vernon, & Yetz, 2015). Equine-assisted psychotherapy is a creative way to work with clients and can be a supplement to traditional treatments, integrating the two.

Christian (2005) analyzed the approach of a therapeutic team with clients. The therapeutic team worked with individuals and horses. The client was in control of the session the entire time and the client is responsible for the problem-solving. The therapy team would set up scenarios with the horses and tell the client to find a solution. After the client solved the problem
with the horses, the therapeutic team processes the client’s interaction with the horses and assists the client in connecting the experience to their life (Christian, 2005). This treatment method consists of collaboration among mental health professionals, supplementing alternative treatments to conventional talk-therapy sessions. This is an example of how clients can be in control through their treatment. The therapist and horses are there to assist, but ultimately, the client takes control. This allows clients to experience their internal state visually and through creativity.

Whittlesey-Jerome’s (2014) study compared two groups of women who experienced abusive relationships. Both groups received individual and group therapy, but only one received equine-assisted therapy sessions partnered with journaling. This is an example of integrative treatment, using traditional and alternative intervention methods. The group that received equine-assisted therapy sessions showed overall improvement with depression and anxiety symptoms. This group also showed more insight and depth in their journaling compared to the controlled group. The women felt more in control of their abusive relationship and several were starting to end their abusive relationships.

**Practitioner**

A partnership is needed between the professional and client to create a treatment plan that embodies the body, mind, and spirit of the individual (Mayo Clinic, 2010). The conventional medical model has been able to perform incredible feats, but has minimized people’s inner self knowledge and wisdom. It has removed the person from the healing process and relied solely on traditional treatments.

Social workers often use a biopsychosocial assessment when working with clients. This approach encompasses many aspects of an individual’s life. Social workers focus on a holistic
approach to assessing their clients; however, this holistic approach does not always follow through into the intervention and treatment. The Integrative Body-Mind-Spirit approach is not just a concept, it has been implemented by various healthcare facilities. The integrative approach was studied at the University of Michigan. In this study, patients were able to collaborate with their care providers to develop an intervention and spend more time with them. The study focused on patient-centered care. Overall, participants were very pleased with the results and experienced great strides in their emotional health and reported excellent service from the healthcare facility (Myklebust, Pradhan, & Gorenflo, 2008); therefore, these integrative practices encourage collaboration between practitioner and his or her clients.

Chan’s et al. (2002) study outlines the importance of social workers connecting clients with their emotions. For example, if an individual is experiencing grief, distress, or anxiety they are not balanced and physical issues can arise. Those who experience greater mood control have fewer physical issues because “the key to successful healing therefore lies in identifying the deficient elements and strengthening them through health education and mood control” (Chan et al., 2002, p. 267). Mental health professional’s code of ethics or professional values align with integrative methods. Specifically related to mindfulness methods, “in addition to its fiscal and clinical efficacy, mindfulness is congruent with the strengths-based approach and empowerment ethos” (Garland, 2013, p. 446). Lee at al. (2009) explains each social work ethical responsibility and how it fits into this practice stating that Integrative Body-Mind-Spirit practice honors diversity, bringing balance and harmony to individuals’ lives, and requires competence among professionals who use it.

Because social workers often work with individuals of low-socioeconomic status, fiscal responsibility is an important factor in the work. Zibman’s (2014) research indicates that in the
years 2009-2011, approximately 14.3% of the US population between the ages of 18 and 64 received mental health services with $48.2 billion in expenses for those services. Of the $48.2 billion, $21.7 billion was spend on prescription medications (Zibman, 2014). The number of adult Minnesotans living with serious mental illness is estimated at 219,381 (Minnesota Department of Human Services, 2013). Minnesota Department of Mental Health (2013) reports 109,000 children in need of treatment for mental health concerns. There are costs associated with services and the average mental health spending per capita for Minnesota is $7,048-$7,667. This 2009 data was higher than the national average per capita spending of $6,815 (Cuckler et al., 2011). Minnesota is viewed as having innovative techniques for reforming its mental health system. The National Alliance on Mental Illness (NAMI) reported Minnesota as having diverse options in paying for mental health services; although Minnesota has a “strong vision” for its future, NAMI gave the state a “C” grade (National Alliance on Mental Illness, 2009).

Integrative Body-Mind-Spirit practice could assist in cutting costs and providing treatment to more people. Barnes and Bloom (2008) reported children and adults being more likely to use integrative practices if costs were a concern for traditional treatment. Integrative treatments are more cost effective than traditional treatments; however, there is an unequal distribution of services for integrative practices. Barnes and Bloom’s (2008) study indicated those who are white, non-poor, and privately insured are more likely to receive integrative services.

Treatment and Intervention Methods

Body. Bodywork or energy work is one of the three modalities included in Integrative Body-Mind-Spirit work. Each facet intertwines with one another and should not be isolated. The interconnectedness of Integrative Body-Mind-Spirit practices is what makes it successful.
There are many approaches to doing bodywork; any bodywork intervention gives the whole system a chance to harmonize (Chan et al., 2002).

**Qigong.** One approach to energy work is most commonly known as Qigong. It focuses on the energy flow and learned skills, involving postures, breathing, movements, and meditation (Schnauzer, 2006; Tsang, Cheung, & Lak, 2002). It has been recorded that the beginning of Qigong practice had its earliest start in 1100 B.C. originating from China (Xu, 1999). Qigong is reported as being easily adaptable by all age groups (Schnauzer, 2006; Yeung et al., 2013). Yeung’s et al. (2013) study reported decreased depression rates among those with depression. This study taught participants Qigong practices and allowed them to use the practices at home. This made the intervention easily accessible for the participants (Yeung et al., 2013).

Several studies focused on older adults with depression symptoms. Each study showed decreased levels of depression symptoms in their participants (Tsang et al., 2002; Tsang, Mok, Yeung, & Chan, 2003; Tsang, Fung, Chan, Lee, & Chan, 2006). All three of these studies focused on depression levels of older adults. The studies found that not only depression levels decreased after the intervention while overall wellbeing was scored higher (Tsang et al., 2002; Tsang et al., 2003; Tsang et al., 2006).

Another study looked at using Qigong with hospital staff. The 6-week Qigong intervention showed improvement with stress levels of the hospital staff (Griffith et al., 2008). Griffiths’ et al. (2008) study was done while participants were on lunch break. This method shows how accessible a Qigong intervention can be. Not only can it be adaptable for all age groups, but adaptable to time limits and it has a variety of health benefits.

**Yoga.** This bodywork also harmonizes the whole person and connects the body with the mind and spirit. In recent years, yoga has become increasingly popular in Western culture, often
times used for physical fitness. Research has shown that yoga is beneficial for physical fitness, but its purpose serves all three facets (body, mind, and spirit). One study had veterans practice yoga for 6 weeks for a total of 12 sessions. The participants self-reported their overall quality of life was strengthened (Staples, Hamilton, & Uddo, 2013). Yoga “is an ancient Indian science and a way of life” (Raghavendra, 2012, p. 82).

Because yoga is a way of life, it needs to be practiced on a regular basis to reap the benefits. Those using yoga as an intervention should know the varying types of yoga practiced and be able to help clients choose what is right for them because each yoga practice can target specific areas of concern (Verrastro, 2014). The common disorders/symptoms yoga can help heal are back pain, depression, anxiety, symptoms of menopause, asthma, hypertension, and balance (Verrastro, 2014).

**Reiki.** Reiki is a type of massage known as an energy practice. It targets the individual’s natural energy with the body’s healing process (Mansour, Beuche, Laing, Leis, & Nurse, 1999; Townsend, 2013). Reiki has been practiced for 2,500 years and originated from Dr. Mikao Usui in Japan. This treatment involves using hand placements on the individual’s body and triggering their “innate ability to heal” (Townsend, 2013, p. 34). One study’s participants were older adults diagnosed with dementia who were given Reiki treatments. Over the course of the study, the Reiki treatments showed effective results with memory. This treatment was appropriate for this population because it is “noninvasive, has no known side effects, has no negative impacts on existing treatments or therapy, and is inexpensive” (Crawford, Leaver, & Mahoney, 2006). With the no known side effects, this treatment could easily be used in conjunction with traditional treatments and interventions.
**Spirit.** While using an intervention specifically rooted in bodywork, the individual is also targeting the mind and spirit. It is important to note that spirituality differs from religiosity; however, some individuals link them together as one (Ho & Ho, 2007). Social workers should see diversity within spirituality and allow their clients to define their interpretation of it. It is not associated with attending a religious institution, it is embedded in an individual’s personal values and principles (Ho & Ho, 2007). Ho and Ho (2007) describe spirituality as a journey. Including spirituality into interventions allows the individual to connect with their inner light, regain control, and acceptance of what they cannot change (Chan et al., 2002).

The individual can get in touch with his or her inner spirituality through activities like self-massage. Self-massage can involve placing his or her own hands on their bodies where emotional energy and healing is needed. Leung et al. (2009) reports this technique as self-care because harmonization in the body can occur when the body is being taken care of. Spirituality can often take form of making meaning for an event. Having an understanding of why someone has suffered bodily aches or other conditions can provide a greater meaning for the individual and world around them (Leung et al., 2009). No matter which CAM method mental health professions choose to use, most likely the intervention is going to target all three areas (body, mind, and spirit). They are not isolated from each other and should be seen as a harmonizing mechanism on the healing journey.

Tsang’s et al. study focused on elementary school teacher’s stress levels. The mental health professionals in the study used several methods of intervention including “CBT, self-management skills, aromatherapy, diaphragmatic breathing, progressive muscle relaxation, eight-section brocades qigong, basic yoga movements and acupressure” (Tsang et al., 2013, p. 37). This study found that the use of both cognitive behavioral therapy (CBT) and CAM showed
improvement in the teacher’s stress levels. The integration of traditional and alternative interventions had a positive impact on the teacher’s complex stress levels (Tsang et al., 2013).

CAM is not widely used in the United States; however interest is increasing and in other countries upwards of eighty percent of people use CAM for primary health care (World Health Organization, 2008).

Some assessments of a client’s problem often focus little time on the history of the issue and look directly to the presenting symptoms. Lee et al. (2009) suggests there is not a direct line between symptoms and diagnosis. Because the diagnosis may not be “the core problem” diagnosis does not always offer solutions to best help the individual; rather, assessments should look at the person’s history (Lee et al., 2009, p. 56). Treating symptoms rather than the source of the issue is often the main approach with traditional treatment. Treatment and interventions should be a collaborative process between practitioner and client; clients should be educated about their treatment options during the process.

Hartman and Zimberoff (2011) discuss a working alliance:

On one hand, modern medicine has brought to us the necessary research to deliver medicines that save lives, prevent outbreaks of contagious diseases and help us to tolerate pain. On the other hand, the price we’ve paid for that medical model is to give over our inner wisdom and innate healing abilities to people and machines that can’t or don’t take into account the deeper meaning of our illnesses. We have learned to give over the creative aspect of our own healing to strangers who don’t know us and often are too busy to find out who we are beyond the functioning of our organs (p. 45).

Modern medicine has benefits in our lives but does not need to be the only option for healing as people know themselves better than their practitioners and can learn skills to help heal
themselves. Professionals working with clients can educate clients about treatment options and teach them skills to heal themselves along with other treatments.

Integrative methods allows for creativity, allowing the methods to be modified amongst all ages. Milligan, Badali, and Spiroiu (2013) studies the effects of interventions by integrating “mindfulness, cognitive therapy, and behavior modification and activation into a martial arts training program” (p. 564) with youth aged 12-17. The youth showed improvement in completing goals because of their high interested in the martial arts, improved emotional well-being, increased mindfulness, improved communication, and an increase in positive behaviors (Milligan et al., 2013).

**Mind.** Many integrative methods include some element of mindfulness. Mindfulness allows a person to be non-judgmental of his or her thoughts, be in the present moment, effectively respond to stress, cultivate self-awareness, being aware of thoughts, and making choices with clarity (Hick, 2009). There are traditional therapeutic models that are adding a component of mindfulness. CBT now has now branched out to mindfulness-based cognitive therapy (MBCT). This treatment integrates techniques from CBT and adds in mindfulness exercises (Segal, Teasdale, Williams, & Gremar, 2002).

**MBSR.** There are other mindfulness-based techniques that have developed including Mindfulness Based Stress Reduction (MBSR). MBSR has been widely researched in recent years. Brown and Ryan (2003) define mindfulness as the act of being “attentive to and aware of what is taking place in the present” (p.822). One study taught MBSR techniques in the first session and required participants to practice it on their own thereafter with weekly in-person sessions (Chang et al., 2004). The study yielded positive results with decreased levels of pain, stress, and increased “positive states of mind” (Chang et al., 2004, p. 144). Another study looked
at pre and post measurements of stress levels. It was found that stress levels decreased as early as the second week of the study. The researchers taught mindfulness skills to the participants who then used those skills at home (Baer, Carmody, & Hunsinger, 2012). Grossman, Niemann, Schmidt, and Walach’s (2004) systematic review of MBSR revealed it was used with individuals suffering from mental health conditions including depression, anxiety, and eating disorders. Overall, their study identified MBSR as a useful intervention tool for multiple disorders, both mentally and physically. By including mindfulness in practice “clients are empowered to be present in their lives, and as awareness increases, unwanted mental, emotional, and even physical habits diminish” (Hick, 2009, p. 56).

One study found a six-session lecture, discussions, and skills of relaxation response base skills (diaphragmatic breathing, guided imagery, mindfulness, etc.) and CBT methods (affirmations, goal setting, etc.) decreased college students’ stress and anxiety levels (Deckro, Ballinger, Hoyt, Wilcher, & Dusek, 2002). Another study looked at depression levels after Integrative Body-Mind-Spirit practices were used. During each of the sessions, the participants were taught the relationship between their physical and emotional health; they then moved into skills such as hand massage, meditation, and breathing. Depression levels drastically decreased among those who participated in the sessions (Sreevani et al., 2013).

**EMDR.** One of the most widely researched integrative methods is Eye Movement Desensitization and Reprocessing Therapy (EMDR). This method was first developed by integrating traditional therapy models and bilateral stimulation (Shapiro, 2002; Tesarz et al., 2014). EMDR incorporates “psychodynamic, cognitive behavioral, interpersonal, experiential, and body-centered therapies” (Wadaa, Zaharim, & Alqashan, 2010). Wadaa et al. (2010) found
their study to be consistent with previous research in the reduction of posttraumatic stress disorder symptoms.

The variety of methods that can be used within an Integrative Body-Mind-Spirit approach most often aim to connect the body, mind, and spirit and harmonize them. Some methods focus on the body, but impact the mind and spirit too. Integrative methods give people the power to control their health. They allow individuals to self-regulate, increase awareness, and open up the possibilities for healing treatments.

**Conceptual Framework**

**Yin-Yang Theory**

Because many social workers use a biopsychosocial approach in their practice, integrative care, looking at the person’s whole self (body, mind, and spirit) would seem to be a natural fit. One theory that fits with the integrative framework is the yin-yang theory. The yin-yang theory recognizes individuals as connected with the systems playing into their lives rather than as isolated (Lee et al., 2009). The yin represents darkness while yang represents light; together, they balance one another working in harmony (Lee et al., 2009; Leung et al., 2009).

Leung et al. (2009) explains the two sides (yin and yang) as constantly working towards harmony through their balancing efforts. Visualizing the yin-yang symbol, there are two halves with a boundary between them. “The boundary is moving and changing…no matter where you attempt to divide this circle in half, the divided section will always contain both yin and yang” (Lee et al., 2009). This is true with clients as the systems of a person’s life cannot be separated and one effects the other. In this theory, no matter how the symbol is split, there is always a balancing element that is present. The yin and yang are not opposing forces, but rather two
different stances that interact with one another. They push and pull the system in their favor but reach harmony through their balancing act (Chen, Tsai, Chang, & Lin, 2010).

Fang (2011) illustrates the interaction between two seemingly conflicting views and their balancing act with an IKEA store in China. IKEA’s furniture and atmosphere did not assimilate with China’s traditions; however, Chinese people adapted to IKEA’s style and IKEA adapted by adding services the customers wanted. This showcased an example of how yin-yang is embodied in cultures. The two were contradictory and although they had struggles, they found their place and balanced out (Fang, 2011).

Yin-Yang theory can be applied to Integrative Body-Mind-Spirit practice. Since Integrative Body-Mind-Spirit practice is made up of traditional treatment and alternative methods, there are two contradictory forces at play. With the integration of the two, there is a balancing act that needs to occur. While the two treatments interplay, there may be setbacks or struggles; however, there is a way to balance the two forces to work together for those that mental health practitioners serve.

**Gestalt Theory**

Another theoretical framework that will be applied to this research is the Gestalt theory. Gestalt theory believes through learning, people are self-regulating. Gestalt theory incorporates many theories and ideas. The theory often coincides with Gestalt Therapy and integrates holistic body, mind, and spirit modalities along with cognitive behavioral and psychoanalytic methods. Gestalt theory requires experimentation that invites clients to increase awareness (Brownell, 2010). “It does not follow the medical model of simple symptom reduction by means of critical interventions” (Brownell, 2010, p. 37). This theory focuses on increasing awareness and honoring the experiential learning process (Senreich, 2014).
Methodology

Research Design

The purpose of this study is to explore experiences mental health professionals have had using an Integrative Body-Mind-Spirit approach in their practice and the common methods they use. The original intent of the study was to interview social workers; this was modified based on the lack of agencies using an integrative approach and identifying they employed social workers. This was a descriptive qualitative research design because it attempted to expand knowledge on Integrative Body-Mind-Spirit approaches among mental health professionals. Four mental health agencies agreed to participate in this study. The three agencies identified themselves as having practitioners within their organization that use an Integrative Body-Mind-Spirit approach. These agencies were identified through a web-based search and calling the organization identifying as using an integrative approach.

Participants

12 interviews were conducted with 10 female and 2 male participants. The age range of the participants was 30-74 years old with the average age being 51. The population for this study focused on mental health professional of varying fields who use an Integrative Body-Mind-Spirit approach in their practice. There were a total of 12 mental health professionals interviewed: 5 were social workers, 2 with a nursing background, 2 counselors, 2 health educators, and 1 coactive coach. The participants in this study had a commonality of all working with clients from an integrative perspective, paying attention to all dimensions of an individual (mind, body, and spirit). The participant’s years of experience in mental health ranged from 2-30 years.

The researcher received written permission from four local mental health organizations to distribute emails and flyers among their practitioners (see Appendix A). The email (see
Appendix B) and the flyer (see Appendix C) were given to the individuals who had approved the researcher to distribute the email and flyers. Volunteer participants then contacted the researcher with interest in the study. The researcher accepted participants in any mental health profession for this study due to small number of social workers who use this approach in their practice. Participants who were interested in the study either called or emailed the researcher. The researcher gave the participants an outline of the purpose of the project and what would be required of research participants. Participants who agreed to the terms set up a time to have the interview with the researcher.

**Protection of Human Subjects**

The Institutional Review Board (IRB) through St. Catherine University approved this research study. The participants in this study are not considered part of a vulnerable population. The participants in this study volunteered their time for the interviews. The participants were capable of giving their consent to participate in the study. The researcher read the informed consent form with the participants and answered questions about the study. The informed consent form outlined the participant’s right to withdraw from the study at any time. There were no direct benefits or risks to participating in the research.

The participants were required to sign an informed consent form. The form outlined the purpose of the research project, how confidentiality would be addressed, and the expectations of the participants. The informed consent explained to the participants that their participation is voluntary and they had the right to withdraw from the study at any time. The collected data was kept on a password projected USB drive and will be destroyed May 31st, 2015. This study posed no risks to the participants. There were no direct benefits from participating in this study. The participants in the study received a pen from St. Thomas University.

**Data Collection**
Semi-structured, audio-recorded interviews were conducted for this study. The interviews lasted approximately 35-50 minutes in a private room to protect the privacy of the participants. Once the informed consent form was completed and questions regarding the study were answered, if desired, the participants were given a list of the interview questions. The interview consisted of 16 formally structured questions (see Appendix D). The questions were aimed at gaining an understanding of the methods mental health professionals use from an integrative approach, how they gained their knowledge in integrative practices, its impact on mental health professions, and their experiences. The interviews were audio-recorded and placed on a password protected USB drive.

Data Analysis

Upon completion of the semi-structured interviews, the researcher transcribed them. The researcher used grounded theory for the data analysis phase. Using grounded theory for data analysis allowed the researcher to develop ideas organically generated from the data (Harris & White, 2013). The researcher read the transcripts line by line and developed the main idea of the sentence; the researcher then went through the transcripts a second time to organize the ideas as laid out by Charmaz (2006). Once the coding process was completed, themes emerged. The researcher recruited a volunteer coding partner for a reliability check of the data.

Findings

After the data was analyzed, the researcher uncovered four themes from the semi-structured interviews. Although the participant’s professional backgrounds were varied and utilized various techniques of Integrative Body-Mind-Spirit practice, the responses given from each participant contributed to the four themes that emerged. Every participant in the study identified as using an Integrative Body-Mind-Spirit approach. The four themes include: client
control of their wellbeing, practitioner use of self, interconnectedness, and use of treatments and interventions.

**Client Control of their Wellbeing**

An overwhelming theme that emerged from the data was clients gained more control in their overall wellbeing. Many of the participants spoke of the benefits of Integrative Body-Mind-Spirit practice in that it gives people control over their health; they get to choose what happens.

**Empowerment through self-regulation.** Many of the participants felt they were empowering their clients to take control of their health. Participant 7 discussed a technique to empower clients to be in control of their health and stated the following:

> I’ll recommend or teach them a breathing exercise they can do at home, or getting them resources online they can listen to on their own. What’s important is giving them tools they can do themselves so they are not reliant on you to do stuff. That’s what we really want, is for people not to need us. They can create the health for themselves” (p. 9, line 13-17).

By giving clients techniques they can use in their lives in traffic, waiting for an appointment, before a test, or in any other situation when they feel they could use some more awareness and relaxation, practitioners are empowering clients to take control of their wellbeing. Participant 9 stated how simple the techniques can be to encourage clients to self-regulate. Participant 9 talked about teaching breath work to clients, “That’s a fairly simple technique that you can practice and use it when you’re in the dentist chair…or in the night when you’re unable to sleep” (p. 10, line 12-14). Clients do not have to be reliant on the practitioner to guide the client
through mindfulness exercises or remind them to be grounded. Clients have the ability to do this themselves after they are taught.

Participant 8 gave an example of working with a burn victim. Participant 8 taught the client how to be proactive in the healing process, “I taught him how to send energy through the tissues as they were healing” (p. 6, line 10-11). Continuing to talk about the burn victim, Participant 8 explained:

I can teach you how to send energy through grids, now see if you can do it again. See if you can implement it. See if you can amplify it. You’re not dependent on me to talk you through it. Have the experience, then reinforce the experience (p. 7, line 19-23).

Participant 7 and 8 give examples as to how practitioners can empower clients to take control of their wellbeing. Participant 5 explains that “it’s definitely giving you tools to be able to manage what comes your way. You’re learning how to regulate. You’re learning how to tolerate distress” (p. 9, line 10-13). Participant 3 also views his work as being a facilitator or guide when working with clients:

Ultimately it’s almost more of a guide than a teacher because really what I want folks to do is to start to learn how to use their own experience and their own body as a teacher and to get feedback from themselves, and learn how to listen to that. Ultimately, they’re their own teacher but I’m here to help them learn to listen to themselves in a way that’s gonna allow them to learn from their experience and learn from their bodies (p. 7, line 7-13).

Participant 3 uses Tai Chi practices in working with clients. Rather than being a teacher and telling the clients what to think or how to move, he views his work as leading clients to interpret their own experiences. Other participants view their work in a similar sense of being a facilitator.
rather than a teacher. “So it’s a little like a dance and I’m a little like a choreographer; it’s like sensing what wants to emerge, what the client is ready for” (Participant 6, p. 5, line 11-13).

**Client-centered.** Another sub-theme that emerged was that their process of treatment was client-centered. This strengthens the theme that clients are in control of their well-being because practitioners meet clients where they are at and pursue interventions clients gravitate towards. Participant 4 stated, “this is a partnership and I wanna know from you what feels right for you and if something isn’t feeling right, I want you to let me know” (p. 7, line 9-11). Participant 9 explains, “I try to meet the client where they are at and determine right of way as quickly as possible; whether they are looking for some fairly straight forward things from me or whether they want to work with me in a more counseling situation over time” (p.3, line 1-4).

**Professional Qualities**

The second theme that was uncovered was professional qualities within the participants. Through data analysis, many commonalities among the participants emerged that intertwined with their professional values, practices, and use of self.

**Practice what you teach.** Many of the participants believe that practitioners themselves need to practice the techniques they are using with clients in order to truly understand its impact. Participant 12 uses the same techniques for herself that she teaches others to use. Many of the participants believed using the methods themselves was part of their self-care. Like Participant 12, Participant 3 also uses the same technique for self-care and with clients. Participant 3 stated, “I do practice it myself” (p. 7, line 7). Self-care was discussed in Participant 1’s interview, “knowing the more regulated my system is, the more I am going to be able to offer support to regulate someone else’s system. If I am really dysregulated—doesn’t matter what I’m talking about, their experience is going to be dysregulation” (p. 11, line 6-9).
One participant uses equine-assisted therapy and works with the horses on her own outside of her work with clients. Participant 6 stated, “It’s fascinating to deepen a relationship with a horse so they can show up more for the work” (p. 6, line 7-8). Not only does this apply to the equine-assisted therapy, but any practitioner who deepens the understanding of their own self and life experiences will be able to show up more for work and increase awareness. Participant 11 discussed the importance of using the methods for self-care that practitioners are teaching clients to use; however, “they don’t need to practice all the different modalities, but being aware of what exists and what their specific client or customer might fit well with” (p. 8, line 12-14).

**Innovation and creativity.** Many participants in the study recalled times when they were creative in their interventions or have created their own methods. Participant 6 created visual word cards, “I had the idea to do a word on each card and when I finished the cards I had the idea to create a manual of horse-assisted coaching activities on each word” (p. 6, line 13-15). Another innovative participant created her own technique to use with clients that emerged because of her own need. Participant 12 stated, “I happen to have diabetes too. I’ve had to deal with it” (p. 5, line 19-20).

Similar to Participant 6 and 12, another practitioner also developed new methods to use in her mental health work. Participant 11 uses a creative approach within her self-initiated model. Participant 11 stated, “I physically put weights on, I have an apron and I put weights on. That’s how a lot of us operate and the reason we use this technique is to help free yourself” (p. 6, line 5-6). Several of the participants created their methods out of their own needs and then developed it further and eventually used it when working with clients. Participant 1 also uses a creative approach to her work with individuals with eating disorders. Participant 1 stated, “I also have a garden here. To have an eating disorder program and to not be growing food, touching,
breathing in the earth—connect to where food comes from, it feels like that needs to be happening” (p. 13, line 14-17). Many of the participants showed there are innovative, creative ways to work within an Integrative Body-Mind-Spirit approach.

**Continuous learning.** Another sub-theme emerged through the data analysis that exemplified the importance of continuous learning of the participants and its impact on their work with clients. When clients were asked how long they have been using an integrative approach in their practice, Participant 1 commented, “You know you learn one thing and it takes you to the next and the next. It’s definitely been an evolution” (p. 5, line 3-5). Participants appeared very engaged in their on-going learning. Participant 2 stated, “At this point, I am just continually training, and learning, and hoping to share it on a wider scale at some point” (p. 6, line 2-3). Many participants found that if they wanted to use integrative methods in their work they would have to seek out additional training. Participant 5 discussed efforts to learn integrative approaches:

Gradually through my own interest in reading and attending workshops and adding the science piece. I am a huge fan of the Dalai Lama and I appreciate his interest in science. Research supports these ideas. Sufism has come to me and its been a fascinating journey and I am just beginning with that. That’s just a whole another thing. On my own personal time, you know this is just an interest to me, it’s something that I care about (p. 12, line 7-13).

Participant 5 is passionate about enhancing her knowledge base of integrative practice in her personal time outlining the importance of gathering information from various sources to enrich her practice.
Treatments and Intervention Methods

A third theme that emerged from the data analysis was about the treatments and intervention methods practitioners use with clients. All of the treatments mentioned in the interviews had a common underlying theme of bringing forth awareness within clients.

Participant 2 explained:

I try to teach them self-regulation techniques through breathing and through somatic therapy which is sensing the body in the moment. It’s teaching awareness of the body being present in the moment—through the breath, through really focusing on the breath and really focusing on the senses (p. 2, line 12-15).

Bringing awareness to clients occurs in a variety of ways. Methods that participants use in their practice include a singing bowl, Tai Chi, yoga, mindfulness, grounding exercises, guided imagery, drumming, breathing exercises, and hypnotherapy. Participant 1 works with a yoga therapy group and talked about the yoga group and using poses as a way to question, “what do I notice in my body when there is stability? What do I notice in my mind? What do I notice in my emotion?” (p. 5, line 19-20). These questions are ones that clients can ask themselves to bring about awareness.

Participant 4 talked about EMDR and discussed using awareness within this practice, “Whether I’m moving into EMDR or CBT that process helps people develop an internal observer so they can separate a little bit from dysfunctional thoughts and step back to make room for feelings and observe the whole internal experience” (p. 9, line 1-4). Many of the participants described awareness as being a key role in their work with clients. Participant 3 explained his Tai Chi practice “starts to bring people to the awareness of how connected their mind and their
body is” (p. 3, line 14-15). Many of these integrative methods participants use intertwine with other treatments or interventions.

**Interconnectedness**

Interconnectedness was the final theme that emerged from the data. All of the participants talked about the interconnectedness between mind, body, and spirit. Participant 7 stated, “You can’t separate physical and mental health” (p. 1, line 17). Another participant stated, “Emotions are such physical experiences, the idea you can have an emotion without a physical response—I mean emotion is a physical response” (Participant 1, p. 13, line 7-9). When participants discussed working with clients, they discussed how one method created to focus on one realm of body, mind, and spirit really affects all three. Another participant stated, “it’s key if you don’t get the mind, body, spirit, mental, spiritual, physical connection. If you don’t have all of those I don’t feel you have a balanced approach to solve life’s problems” (Participant 8, p. 1, line 21-23). It was a commonality among participants that they could not isolate one aspect of an individual, it only made sense to Participant 7. Participant 7 stated:

> It’s working with that person and figuring out what’s gonna work for them. It might be nutrition, it might be a certain therapy, working on sleep, or exercise, their purpose—it might be more of a spiritual thing for them. Looking at all of these dimensions of health and putting them together (p.4, line 8-11).

With the participants having diverse work experiences and backgrounds, this theme was strong among the data.

**Discussion**

The findings explored the various ways in which clinicians view and practice their Integrative Body-Mind-Spirit approach. Every participant identified his or herself as using an
Integrative Body-Mind-Spirit approach. The themes that were uncovered are supported by the literature. The conceptual frameworks, Yin-Yang Theory and Gestalt Theory guided the literature review and data collection. The participants indicated that they allowed their clients to learn about themselves through experience related to Gestalt theories’ purpose (Brownell, 2010). Overall, the themes all related to the Yin-Yang theory. When the participants discussed the methods they used, they talked about it being a balancing act in that when you focus on one aspect like spirit, you are also influencing the body and mind. It was reflected in the responses participants gave about balancing the interconnected systems in a person’s life and honoring client’s experiential learning of awareness.

The findings represented the participant’s professional work approaches in mental health settings. Many of the participants worked one-on-one and in groups with their clients using integrative techniques. The strongest theme was client control of their wellbeing. As mental health practitioners, the participants valued giving clients control over their health. They strived to empower clients by guiding them through practices they can use on their own.

The first theme, client control of their wellbeing related to the literature. Many of the participants indicated their purpose for empowering clients was to teach them how to get in touch with their inner self to understand their needs. Equine-assisted psychotherapy does just that. The use of horses to mirror client’s internal systems can help them externally see what is going on inside of themselves. Horses being prey animals are capable of being hyper-sensitive of their surroundings and able to mimic people’s internal systems (Lac et al., 2013; Smith-Osborne & Selby, 2008). When clients can externally see what they are experiencing on the inside, it creates awareness and teaches them skills to use when they are not in session. If people can become aware of their needs and experiences, then they can apply self-regulation techniques
to meet their needs. Participants found that clients were using the techniques at home and increased their overall wellbeing.

A sub-theme that emerged that was present in the literature was client-centered work. Client-centered work requires practitioners to collaborate with clients and meet them where they are at in order to develop an intervention for them. Participants discussed allowing clients to only participate in what they felt comfortable doing. Participants listened to the client’s needs and invited them to participate in experiential learning to gain greater insight about their wellbeing. This is consistent with the literature in that participants show an overall satisfaction with treatments that focus on their body, mind, and spirit (Myklebust, 2008). Participants were aware of the costs of mental health treatments and strive to provide methods that were affordable or volunteered their time within their agency.

Many of the treatments and methods participants used were consistent with Integrative Body-Mind-Spirit approaches. Many of the participants focused on bodywork and movement practices. Participant 1 and Participant 3 both used bodywork in group sessions. Bodywork practices are accessible by all age groups (Schnauzer, 2006; Yeung et al., 2013). Three studies previously mentioned found decreased levels of depression among participants (Tsang et al., 2002; Tsang et al., 2003; Tsang et al., 2006). Both participants acknowledged this within their work. They recognized the accessibility of the practice and effectiveness through observation of clients or clients verbally expressing their improvements. Staples’ et al. (2013) study showed that overall quality of life was strengthened in participants. Also within this theme, all modalities the participants used were intertwined with spirituality and mindfulness. Participants found it difficult to focus on only one (body, mind, or spirit). The participants believed their approach addressed all three aspects regardless of the method they used. This is consistent with
evidence-based integrative methods such as MBSR. MBSR found that although attention was focused on mindfulness, pain and stress decreased (Chang et al., 2004).

The final theme, interconnectedness directly relates to the gestalt theory conceptual framework that everything is interconnected, affecting one another with focus on the whole person and connection to the greater environment. This was a prevalent theme among the data. Participants encourage their clients to experience their learning and gain insight. Clients can gain a greater understanding of their needs when they are connecting within themselves. Harmonization in the body occurs when it is being taken care of (Leung et al., 2009). Clients can learn to harmonize their systems to increase overall wellbeing. An example of interconnectedness in the literature is EMDR. EMDR connects individuals to mindful processing of events. EMDR uses techniques cross into multiple dimensions of a person (mind, body, and spirit) (Wadaa et al., 2010).

**Implications for Social Work Practice**

Social workers make up a large portion of mental health professionals. Due to the number of individuals living with mental health conditions with individual needs, there should be individualized treatments. Social work is often rooted in foundational, traditional theories and methods. Integrative Body-Mind-Spirit practice embraces these techniques and adds another dimension of learning to the work. Integrative Body-Mind-Spirit methods could fill the gap between client distress and overall wellbeing. Many of the participants indicated that although integrative practice is not a part of main stream mental health care, it is the future. Every day more and more research and practitioners are showing the methods work. Mental health professionals, and specifically social workers, have a responsibility to honor their working with clients in using best practices; Integrative Body-Mind-Sprit practices are not to be overlooked.
Implications for Policy

This research is useful in that other mental health practitioners can learn the benefits of using this approach. The beauty of this approach is that it allows for practitioners to be creative and use as little or as much of the body-mind-spirit methods with traditional modalities as they wish. It allows for a smooth transition to a holistic social work approach. Results from this study cannot be generalized; however, practitioners can do their own research in this field and reinvent their own practice by incorporating CAM methods to create an Integrative Body-Mind-Spirit practice.

Strengths and Limitations/Implications for Research

This study had many strengths and some limitations. One limitation was the sample size. Although there were 12 participants in this study, there were not enough participants to generalize the findings. To increase the sample size, future researchers should contact more organizations to be a part of their study and allow for a lengthier period of time to conduct the interviews.

Another limitation to the study was researcher bias. The researcher had a strong interest in the field of mind-body-spirit work. This bias could have played in the development of the research questions in the semi-structured interview. Another limitation to the study is participant bias. Participants were volunteers who reached out to the researcher to be a part of the study. Due to the participants contacting the researcher, they are all initially interested and prideful in their integrative work. The researcher also only gained information regarding client experiences through the practitioners who worked with them. Further studies should interview clients to gain a greater understanding of their experiences and perceptions of Integrative Body-Mind-Spirit practices.
Although there are limitations to this research, there are some valuable findings within the data. Practitioners can use these findings to guide them in their journey towards an Integrative Body-Mind-Spirit practice knowing what some of the common methods mental health practitioners are using. The organizations that participated in the study were a strength because they served a variety of populations. This allowed for practitioners to have diverse backgrounds in working with clients. Another strength was the interview questions. The questions that were developed allowed the participants to take control of their responses and be open about their practices. The questions were interpreted differently among participants, yet, commonalities among their practices emerged. Another strength to this research study is the focus of the study, Integrative Body-Mind-Spirit practice. Mental health professionals often do not receive training in school or are able to connect with other practitioners using a similar integrative approach. By interviewing mental health professionals, the researcher was able to find commonalities among the professionals that others who are searching for a new approach with clients can connect to and build from.

**Conclusion**

The purpose of this research study was to answer the question: what are the common experiences and approaches used among mental health professionals using an Integrative Body-Mind-Spirit approach with clients? The study also aimed to discover common client experiences within the approach. There were four major themes within the findings with subthemes. The themes included client control of their wellbeing, professional qualities, treatments and interventions used, and interconnectedness. The themes reflect the literature and previous research studies. Integrative Body-Mind-Spirit practice attempts to use both traditional and CAM methods together to create optimal wellbeing for clients. Body, mind, and spirit are inseparable. Not only are they interconnected, using this approach encourages clients to take
charge of their health and be in control. Clients are encouraged to connect with the greater environment and gain insight. Many of the methods used within Integrative Body-Mind-Spirit practice are not new, they are taking Eastern methods and supplementing them with traditional Western methods. Mental health practitioners facilitate the balancing and harmonizing of client’s body, mind, and spirit by empowering clients to be in control of their healing and wellbeing. “The most valuable aspect is that it puts clients back in control of their health” (Participant 7, p. 11, line 12-13).
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Appendices

APPENDIX A

Letter Regarding Jessica Rosendahl’s Research Project

1/20/15

To Whom it May Concern:

I will be working with Jessica Rosendahl’s Research Project to recruit participants. I have approved her to distribute flyers and emails to those who work for your organization to recruit participants.

This letter confirms that I gave her permission to do recruitment only for her project through March 2015.
Dear Ms. Rosendahl,

Thank you for contacting us about your research on Integrative Body, Mind Spirit Social Work practice.

We are offering integrative health practices for people we serve in order to achieve their highest level of physical and mental health. As such, we are interested in your research on social work practices which utilize integrative practices. We give permission to distribute flyers and e-mail at [redacted] in order to reach social work staff who are interested in having an interview regarding their integrative practice knowledge and impact on the profession.

Thank you,

[Redacted]

To Whom it may concern:

Jessica Rosendahl, a Master's of Social Work student at St. Catherine University and the University of St. Thomas has my permission, as executive director of [Redacted], to work with us to distribute flyers and

The purpose of this letter is to give my permission for the Jessica to recruit voluntary participants through the use of flyers and email. Jessica has permission to distribute flyers and emails until March 31st. The purpose of this research project has been explained to me.

Name and Signature:

Date: 1/16/15
APPENDIX B

EMAIL TO POTENTIAL PARTICIPANTS IN RESEARCH STUDY

Participants are needed for graduate research on Integrative Body, Mind, Spirit Practices in Social Work!

Jessica Rosendahl, a Master’s of Social Work student at St. Catherine University/University of St. Thomas, is seeking participants for this research study. If you are a social worker or another professional who uses integrative practices, consider being a part of this study and contribute your knowledge and expertise to the social work profession!

Please contact Jessica at XXX-XXX-XXXX or at rose0162@stthomas.edu for questions, further information, and your interest in participating!

Sincerely,
Jessica Rosendahl
APPENDIX C

FLYER

Participants needed for Graduate Research on Integrative Body, Mind, Spirit Practices in Social Work

I am looking for social work and related professionals to participate in an interview to discuss their methods used in integrative practices with clients. Integrative Body, Mind, Spirit practices encompass using conventional and alternative methods with clients. Share the methods you use in your integrative work for this research study to benefit the social work profession!

Jessica Rosendahl, a Master’s of Social Work student at St. Catherine University and University of St. Thomas will complete the research.

Please contact me with any questions you have about this research and your interest in participating.

Jessica Rosendahl can be reached at:
XXX-XXX-XXXX
rose0162@stthomas.edu.

Give back to the profession and share your expertise with others
APPENDIX D

INTERVIEW QUESTIONS

1. What is your age?
2. What is your gender?
3. Are you a licensed social worker?
4. How many years have you been practicing social work?
5. Do you use an integrative approach in your practice?
6. Of the years you have been practicing social work, how long have you been using an integrative approach?
7. Please describe how you use an integrative approach in your practice?
8. Please describe your role in Integrative Body, Mind, Spirit practices.
9. As a whole, does your organization use Integrative Body, Mind, Spirit practices?
10. How do you present your integrative practice to clients?
11. What is a common reaction from clients about your practice approach?
12. What are the treatments and interventions you use when working with clients?
13. What is the most valuable aspect of Integrative Body, Mind, Spirit practices to the social work profession?
14. How do you feel Integrative Body, Mind, Spirit practices align with the NASW Code of Ethics?
15. Where did you gain your knowledge and training in integrative practices?
16. Do you receive supervision to discuss your integrative practice?