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Article 59

Integrative Mental Health and Counseling: Research Considerations and Best Practices

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Increasing numbers of people are engaging complementary and alternative medicine (CAM) to supplement their mental health treatment (Barnes, Bloom, & Nahin, 2008; Bausell, Lee, & Berman, 2001; Kessler et al., 2001; Lake, 2009; Wang et al., 2005). CAM approaches include meditation, mindfulness practice, acupuncture, energy healing such as Reiki and Healing Touch, and herbal supplements. In medicine, these therapies are labeled CAM or integrative medicine (IM) as they are often used in conjunction with conventional medical treatment. As of 2007, nearly 40% of Americans have used at least one of these therapies for various reasons (Barnes et al., 2008; Ernst & Ferrer, 2009). According to a National Health Statistics Report on CAM use (Barnes et al., 2008), 4% of the population has utilized these therapies as treatments for anxiety and/or depression and a 12 month analysis of mental health services found that 6.8% of providers for mental health services were CAM providers (Wang et al., 2005). Bausell et al. (2001) found that patients with mental, musculoskeletal, and metabolic disorders were three times more likely to seek CAM treatment than patients with other physical disorders. As increasing numbers of people utilize CAM, it would behoove counselors and counselor educators to be better prepared to work with clients who utilize CAM therapies as adjunctive treatments to their mental health counseling. Working with both CAM and traditional counseling methods could lead to a holistic and potentially optimal treatment process. There are a variety of ways to address these issues, but one idea is referred to as Integrative Mental Health (IMH; Lake, 2006). The idea behind IMH is that there are potentially many multimodal approaches to mental health treatment that include traditional empirically-validated approaches and new models emerging in CAM and other energy healing therapies.

Complementary and Alternative Medicine (CAM)

The National Center for Complementary and Alternative Medicine (NCCAM) defines CAM using four categories: 1) natural products such as herbal medicines and dietary supplements, 2) mind-body therapies such as acupuncture, yoga, qigong, and meditation, 3) manipulative body-based therapies (i.e., chiropractic, massage), and 4)

other CAM practices such as Ayurveda, homeopathy, energy healing such as Reiki and Healing Touch, and traditional healing systems (NCCAM, 2010). The most often cited reasons for CAM use were back pain, multiple pain, and psychophysiological conditions (Upchurch et al., 2007). Saydah and Eberhardt (2006) conducted a study from the 2002 National Health Interview Survey data and found that “adults with chronic diseases are more likely to use CAM therapies compared to adults with no chronic diseases” (p. 809). A full picture of why people seek out CAM is not yet known, but it is speculated that reasons include: “a need for personal control in healthcare decisions, a desire for philosophical congruence of treatments with worldview and values, and dissatisfaction with conventional treatments” (Saydah & Eberhardt, 2006, p. 805). Counseling as a profession has been evolving for quite some time and it seems as if considering the gifts and challenges of CAM might enhance the field and enhance treatment for clients. First, it is important to review the foundation of healing and its’ relationship to counseling.

Mental Health Treatment Background

The history of the counseling profession reflects the tension between choosing to take a holistic approach in the service of health and wellness and disregarding holistic treatment methods that can be difficult to test empirically in favor of more scientifically verifiable aspects. The field of psychology emerged just over 100 years ago in Europe. Previous to that time, issues of the mind were treated along with issues of the body by the general medical establishment (Martin, 1997; Porter, 2002; Shorter, 1997). As such, both mind and body were treated together, but often without effective results as little was truly understood about mental health. In addition, mental health problems were not fully recognized (Porter, 2002). Sigmund Freud was the first major figure who created a therapeutic structure for the purpose of understanding psychopathology and developing effective forms of treatment, specifically, the “talking cure” (Sharf, 2000).

While these efforts made great strides in better understanding the nature of the mind, they also succeeded in deepening the separation of the body-mind-spirit-emotions connection. As the field of counseling progressed over the next decades, empirical science appeared to separate the psyche from the spirit and the rest of the influence of the body as counseling and psychology endeavored to move away from the more ambiguous approaches of philosophy and sought validation as an empirical science (Cremins, 2002). With the improvements gained through empirical research, there seemed to be a loss of a holistic approach which has had a negative impact on the counseling field. Yet the holistic approach seems to be staging a return as the 21st century opens.

Holism and the Exploration of New Models of Health

Holism is the belief that human beings are naturally whole and that all components interact with all other components and systems (Benor, 2002; Shannon, 2002). Holism implies that all parts of the human being, physical and non-physical, are deeply interconnected and in constant communication at all times (Clark, 2000; Patterson, 1998). If there is a shift in one part or on one level, it will affect all other levels, i.e., if there is an imbalance in the physical make-up of the individual, there will also be a corresponding imbalance on the mental, spiritual, or emotional levels (Gulmen,

2004). Holism tends to understand that the causes of illness and imbalance are often complex and cannot always be attributed to one isolated cause (Keegan, 2001).

In the late 20th century, people seeking treatment for a variety of disorders began to expand their search to include treatments that originated from indigenous cultures such as herbs and supplements and Eastern-based approaches such as meditation and acupuncture (Cremins, 2002). Eastern philosophies and religious traditions have had their own systems to address health and wellness for thousands of years which are based on assumptions of an inherent holism in the human being and the world we live in (Chopra, 1989; Gulmen, 2004; White, 2000). In Eastern approaches, boundaries were blurred between body (matter) and mind or consciousness (spirit). There was an understanding that although one could clearly differentiate the body from the mind, they interacted and affected one another (Barnes, 1998; Hankey, 2005; Ma, 2005; White, 2000). For the most part, this holistic belief continues today in most Eastern cultures.

In recent years scientists have begun to explore quantum science and its implications for understanding reality. The discoveries and insights of quantum physics emphasize the fluidity and interconnectedness of all reality; the field is slowly revealing that it is likely that there may no longer be one objective reality to be statistically measured but an ongoing dance of creation and change that is expressed through energy (Chopra, 1989; DiNucci, 2005; Dossey, 1999; Gallo, 2000, 2004). Energy-based therapies propose that energy is an inherently integrated phenomenon in which the parts of the self labeled psychological cannot be isolated from the spiritual (Bonadonna, 2002). One may use language to connect to both spheres, but by itself, energy therapies attempts to access the deepest level of being where “parts of self” lose boundaries and talking about the self in “parts” fails to make any sense. The goal for energy therapy treatment is to connect with the body’s innate intelligence and wisdom in restoring balance and wholeness to the body as it works with the body on multiple levels (Umbreit, 2006). The medical community considers energy healing (subtle energy or “qi”) to be putative in that these methods have been difficult to evaluate objectively (Berman & Straus, 2004). However, individuals continue to pursue these treatments so it is necessary to continue to explore clinical applications and to amass a more substantial body of research. Combining the insights of quantum physics with the Eastern concepts of subtle energy, consciousness, and bodymind connection, may increase understanding of what roles these phenomena may play in the prevention of illness and the creation of emotional and physical health (Chopra, 1989; Dossey, 1999; Pert, 1997). These precepts may be helpful in better understanding the effects of CAM.

In addition, many hospitals and universities are exploring the possibilities of these new CAM therapeutic modalities. Some of these institutions include: Columbia University, Duke University, Yale University, University of Pennsylvania, the Mayo Clinic, and the University of Arizona. They offer clinical services, conduct research, and offer courses in their medical schools in areas such as biofield therapies (Reiki, Healing Touch), acupuncture, nutrition, qigong, meditation, and mindfulness. They appear to be committed to exploring avenues of integrative health in two ways. The first way is by operating in a paradigm of holism, as opposed to reductionism, in healthcare prevention and treatment. The second way is through creating programs and research grounded in solid, empirical science (DiNucci, 2005).

Counselor education is a field committed to a holistic model of well-being on all

levels and to serve many systems (Gale & Austin, 2003). Counseling aims to help clients address their wounds and psychopathology with the hope of moving into optimal mental wellness where clients may live more self-actualized lives (Sperry, 2005). At the same time, but separately and under a different operational design, integrative therapies aim to help clients heal from the many wounds and traumas that occur in a human lifetime. However, neither counseling nor CAM has interacted intentionally with the other to address what each brings to the larger conversation on healing and wellness. In order to better understand the impact of CAM it is important to review existing research and consider clinical applications.

Research Review

To date, there are many studies being conducted using randomized, controlled, double-blind designs which attempt to parse out true effects of CAM treatments from placebo effects to demonstrate the empirical validity of complementary and alternative medicine (Lake, 2006; NCCAM, 2010; Shah et al., 1999). Most studies have been conducted in the fields of medicine and nursing but, as demonstrated, there are implications for mental health and counseling. In general, the research has focused on chronic pain and other physical disorders but some studies have examined psychological disorders such as depression and anxiety as mostly secondary outcomes (NCCAM, 2010; Krisanaprakornkit, Krisanaprakornkit, Piyavhatkul, & Laopaiboon, 2006). This research is broad, covering the NCCAM categories of nutrition, energy, and herbs, to name a few.

There are a few studies directly linking the helping professions and CAM but currently the number is small and none have examined the relationship between counseling and CAM specifically. Caldwell, Winek, and Becvar (2006) and Becvar, Caldwell, and Winek (2006) explored the relationship of CAM to marriage and family therapists (MFTs) both through a national survey and through qualitative interviews and found that MFTs are indeed encountering clients using CAM. However, they stated that the MFTs lacked education about the various therapies and determined that there was a need for further education for both practitioners and clients so that these therapies can be properly assessed for safety and efficacy.

Some studies have looked at the use of acupuncture as an adjunctive treatment for substance abuse (Brumbaugh, 1993). There are a variety of reasons why substance abuse counselors have explored CAM but one important reason is treatment resistance with the clients. This area, if further explored, could add more weight to the continued research looking at the connection between CAM and counseling. Thus far, the counseling field has not yet explored this issue in a generalized sense. One study by Collinge, Wentworth, and Sabo (2005) examined the combination of psychotherapy and energy therapies on such disorders as PTSD and anxiety. They used a small mixed methods design which had some flaws, but they found that both types of treatment were favorable for the clients in search of healing.

Many individuals seek out CAM without necessarily consulting the research and evidence evaluation (Berman & Straus, 2004). This discrepancy will be discussed as a means to guide clients toward best CAM practices to supplement their counseling if they wish. Attempting to do empirical, quantitative research on energy therapies is a challenge, mainly because there tend to be too many confounds and some past research

which followed quantitative models produced mixed results (Tan et al., 2007; Warber, Kile, & Gillespie, 2003). Healing Touch (HT) researchers Wardell and Weymouth (2004) conducted a meta-analysis on HT, an energy healing therapy, where they reviewed over 30 studies with HT as an independent variable. They concluded that HT demonstrated clear trends in reducing stress, anxiety, and pain, and accelerated healing.

For the purposes of focusing this discussion, I will use energy healing as a specific example of the challenges to the research methodology. Most quantitative energy healing studies have been found to be inconclusive and not generalizable (Astin, Harkness & Ernst, 2000; Berman & Straus, 2004; Vitale, 2007; Wardell & Weymouth, 2004). Wardell and Weymouth (2004) suggested that this may be due to lack of critical information in each examined study, which created problems with internal and external validity. Wardell and Weymouth found that early research attempted to experimentally test HT and Therapeutic Touch using the gold standard of randomized, controlled trials and found intriguing trends, but statistical significance was weak and results were mixed. The authors concluded that these results were likely due to such research design problems as unforeseen confounds and self-selected small samples. Warber et al. (2003) suggest standards for energy healing research as a means of aligning energy healing research with randomized control trials. However, most of the research interest in these healing modalities remained housed in the field of nursing so empirical information was not being translated to other fields such as medicine and counseling (Collinge et al., 2005).

Tasaki et al. (2002) discuss the importance of communicating with physicians regarding CAM and counseling. If this is not done, it can impede proper treatment planning. If counselors have clients who are receiving CAM treatments that may have an impact on their mental health counseling and are not aware of it, then this could have an undue negative impact on the counseling process.

Placebo Effect and Energy Healing

Criticism of the relevance and efficacy of some CAM methods such as energy healing include discussion of the placebo effect. As it is standard scientific procedure to test treatment effects, it is critical to filter out placebo effects because the placebo effect is considered to cancel out the effect of the treatment. This means that any change is accounted for by the beliefs of the subject, not an actual material effect of the treatment. One method to manage this challenge suggests asking patients receiving placebo controls to intentionally expect to heal as a part of the research protocol (Luskin et al., 2000).

However, there may be another way to consider the role of placebo in energy healing research and that is to consider that the placebo effect might be considered a helpful component of treatment as an indicator of the potentially active and little understood role of consciousness (Meehan, 1998; Weymouth, 2002). Robb (2006) explored the idea that the placebo may illustrate the body's ability to self-heal. In traditional quantitative research, the goal is to try to isolate the treatment effect from all confounds through randomized, controlled studies. However, even in traditional quantitative medical studies, at least one third of the effect can be attributed to the placebo (Sternberg, 2000). However, healing research is inherently holistic and it may not be possible to "isolate" variables as everything is conceptualized as whole and connected. The intention and consciousness of the HT/TT practitioner, rather than being

parsed out as a confound, may actually inform us that these phenomena (and consciousness specifically) may play a much larger role in health, healing, and wellness than was previously understood (Robb, 2006). In addition, Sternberg (2000) asserted that if belief in healing and prayer help, although dismissed as placebo, perhaps the belief is pointing to actual physiological changes occurring in the body that have not yet been detected or understood.

Integrative Mental Health (IMH)

The springboard for this paper emerged from a wellness and holistic model of mental health, deemed by psychiatrist James Lake as Integrative Mental Health (Lake, 2009). This approach addresses issues of wellness, spirituality, and cultural diversity. It seeks to create a discussion regarding clinicians' experience with clients seeking IMH and how best to address these issues to provide optimal counseling to their clients. Lake's approach involves a knowledge of the research on CAM treatments and assessing how best to utilize these therapies to maximize treatment of mental disorders. It is a pragmatic and progressive approach in that it takes into consideration the energy system, the limits of the research methodology, and the fact that there are real effects that may be challenging to measure using the traditional scientific method (Lake, 2006). Lake advocates using the best CAM methods along with traditional therapy for particular disorders, such as the herb kava, mindfulness practice, and cognitive therapy to treat generalized anxiety disorder (Lake, 2009). Beyond Lake's model, it seems that there are clinicians who have been utilizing these methods in various ways in recent years without needing this label. However, it seems to be one of the first models to rigorously examine the evidence and begin proposing mental health treatment protocols which organize the disparate CAM treatments.

The proposed model of IMH seems to provide many positive benefits in mental health treatment and wellness promotion, as evidence is beginning to show that CAM therapies help improve anxiety and depression (Kabat-Zinn et al., 1992; Miller, Fletcher, & Kabat-Zinn, 1995; Pilkington, 2010). This approach can be seen as a bridge to counseling from integrative medicine as Lake writes from a psychiatric perspective. Since psychiatry, social work, psychology, and counseling all treat mental disorders, it is recommended that counselors take up the call to engage this emerging paradigm sooner, rather than later. This seems to be a natural fit for the field of counseling as it stands as a progressive, advocating, holistic force in the large arena of mental health (Gale & Austin, 2003; Ponton & Duba, 2009).

Clinical Implications and Applications

As increasing numbers of clients enter the counseling office with an adjunctive CAM therapy, it will become imperative for counselors to engage with the research on these therapies, their impact on mental health treatment, and how to decide to intentionally engage the integrative practitioner in a team treatment approach. It is currently hypothesized that team treatment may be indicated for complex conditions which include mental health (Boon, Verhoef, O'Hara, & Findlay, 2004). In addition, this material could also be useful for faculty who teach counseling theory and practice or

clinical case conferences to better prepare them for this seemingly new chapter in the evolution of counseling and mental health.

There appear to be three methods for counselors to use in considering an IMH model. The first, and most common, is to network with integrative therapy practitioners in their communities to initiate a team treatment approach to mental health care. In this case, counselors will benefit by contacting integrative therapy practitioners in their communities and making a professional connection to find out more about the practitioners, who they are, their licenses and credentials, and their perspective on how their unique therapy interfaces with mental health issues as they arise in their practice.

Another approach might be for counselors to include a category on their intake documentation to inquire if new clients are involved with any integrative therapies. If so, they could then inquire if the client would sign a release of information form for the counselor to speak with the practitioner for a team treatment approach. It may not be that the treatment plan would change at all; it may be that one of the integrative therapies is addressing somatic anxiety which would allow the counselor to focus on cognitive issues or explore psychodynamic approaches. For example, in my doctoral dissertation I investigated clients' use of both bereavement counseling and Healing Touch, an energy therapy, in their grief counseling. These are two distinct therapies that seemed to target different aspects of their personhood as they described their experiences to me in interviews. Participants expressed satisfaction with the fact that both Healing Touch and counseling embraced various aspects of their identities, worldviews, and health. For example, a client could be seeing an acupuncturist to treat anxiety along with seeing a counselor to treat anxiety. In order to best treat the client, it would be optimal for both practitioners to be able to work collaboratively.

Another method to start engaging in integrative mental health is to integrate components of CAM therapies into practice: using diaphragmatic breathing, guided imagery, and meditation practices such as mindfulness or Transcendental Meditation. Currently these have been utilized in PTSD treatment (Gehrman & Harb, 2010; Nappi, Drummond, Thorp & McQuaid, 2010) with promising results. In addition, people seeking CAM for physical health issues such as chronic pain management sometimes confront emotions or mental health issues that may need to be addressed and this could prompt engagement with counseling.

Ethical Considerations

Regarding integrative mental health, it seems there may be two critical ethical issues. The first is confidentiality and how it will be handled in a team treatment approach. The second issue relates to the proper use of traditional counseling techniques along with CAM therapies in a counselor's private practice should the counselor seek to become trained in a CAM therapy. There are increasing numbers of counselors who are personally or professionally interested in learning how to provide a CAM therapy (McGoldrick 2004) and it would be important to understand the ethical implications of expanding a counseling practice to include CAM therapies.

If the counselor is a Reiki (hands-on energy healing) practitioner, for example, and the client would be amenable to utilizing Reiki in the office, it would benefit the client and the counselor to have a discussion about these two roles. This scenario would

likely warrant additional documentation regarding informed consent about Reiki, bodily boundaries, and clients' comfort level with the counselor coming physically closer to them than counselors usually work. This is such a fledgling area that the discipline of counseling and state licensing boards would eventually need to discuss the dual relationships in this example and whether they are inappropriate or may be compatible.

Critique of Integrative Mental Health

There are two primary critiques of integrative mental health. The first critique is: do we really need to engage these approaches? Because this is a new phenomenon in mental health it will likely take time for counselors to accept CAM therapies as possibly influencing their work. Regarding this point, it may be best to assess one's current caseload for clients who may be involved in an integrative therapy. As Tasaki et al. (2002) indicate with CAM and medicine, poor communications between clients and their CAM practitioners and between clients and counselors regarding CAM use may impede treatment. The second critique is: given the apparent tentative conclusions of the research, how much do we know and thus, how much can counselors actually do to engage with CAM therapies intentionally to foster Integrative Mental Health? On this point, the best way to proceed might be to continue to become educated about CAM and its effectiveness as measured in the literature. As methods demonstrate better efficacy for mental health treatment, then it would be suggested that counselors seek out continuing education about the pertinent therapies to learn how to either incorporate them into their clinical practices directly or at least know what to expect from the therapies with respect to their effects on client presentation and treatment goals.

It seems that as CAM therapies become more popular and widely used, counselors should be as prepared as possible to understand what these therapies are and how they function in their clients' lives. This approach may evolve into a new counseling theory called integrative mental health. As research methods evolve, and as more clients seek out adjunctive or replacement therapies in CAM, the field of counseling can only expand and grow as the field embraces its call to holism and optimal mind-body-spirit wellness. Gale and Austin (2003) cite Goldstein (1998) in that "counselors should accept the following mantra, 'I not only will accept changes in knowledge and procedure in my field, but I will welcome such change and contribute to it'" (p. 8). These changes appear to be arriving and while they bring methodological and practical challenges, they seem to bring gifts of wholeness for clients as well.

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Note: This paper is part of the annual VISTAS project sponsored by the American Counseling Association. Find more information on the project at: http://counselingoutfitters.com/vistas/VISTAS_Home.htm