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Mental Health Counselors' Use of Complementary and Alternative Approaches for Treating Individuals with Anxiety Disorders

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Walden University
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Abstract

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Jane R. Simmons

MA, Argosy University, 2011

BS, Thomas Edison State College, 2008

Dissertation Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Philosophy

Counselor Education and Supervision

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Abstract

Anxiety disorders are one of the most prevalent mental health disorders worldwide. Traditional counseling approaches do not address the evolving needs of individuals with anxiety disorders, and information is scarce regarding counselors' use of complementary and alternative approaches in treating anxiety disorders. The purpose of this quantitative survey study was to investigate whether counselors' knowledge, perceptions, intentional practices, and openness predicted their use of complementary and alternative approaches in counseling individuals with anxiety disorders. The integrative mental health model for the conceptual framework guided this study. The research questions examined how five variables—spirituality, specialization, types of anxiety disorders treated, training, and professional identity—predicted mental health professionals' use of complementary and alternative approaches in counseling. A convenience sample of 139 licensed mental health counselors participated in an online survey. Data analyzed using multilinear regression indicated that the five variables, in combination with each other, had a positive influence on counselors' integration of complementary and alternative approaches for treating individual with anxiety disorders. Spirituality and training were found to be individually statistically significant variables in predicting counselors' use of complementary and alternative approaches in counseling adults with anxiety disorders. This study may contribute to positive changes in treatment for anxiety disorders by supporting greater awareness of complementary and alternative approaches in counseling.

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Dedication

This special accomplishment of my doctoral dissertation is dedicated to my family. I love you more than you will ever know. Each of you in your own special way has made me feel like I can do anything and that is the best feeling in the world. You are my heart and soul. Thank you for your infinite love and support.

Savannah, you are the light of my life and will always be my special blessing. I dedicate this accomplishment to you and your mom. You are my two special Roses in my life with so much beauty inside and out. May you always believe in yourself! Nicole, know that you are amazing, and more than anything you are loved so deeply. You are capable of anything you put your mind to, and my life is brighter because of my girls.

My amazing Jimmy, you are such a smart, unique, and wonderfully special human being. You can do anything you set your mind to, and I believe in you to be the best you can be. I have loved watching you grow to the beat of your own drummer. May you always know that you are capable of infinite possibilities. You were my firstborn love of my life, and you will always hold that special place in my heart. Thank you for always being there for me.

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Chapter 1: Introduction to the Study

Anxiety disorders are the most prevalent mental health disorders in the United States, according to the Anxiety & Depression Association of America (2020). Anxiety disorders are also a global mental health issue in at least 21 countries worldwide (Alonso et al., 2017). Seven types of anxiety disorders recognized in the *Diagnostic & Statistical Manual of Mental Disorders* (*DSM-5*) include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, and generalized anxiety disorder (American Psychiatric Association, 2013). Individuals normally experience a mild degree of anxiety. However, individuals who are diagnosed with anxiety disorders often experience moderate to severe anxiety with an overabundance of fear that affects their daily life.

Mental health counseling is often successful for treating most people with anxiety disorders, even though statistics indicate that only 36.9% of the individuals with anxiety disorders seek counseling (Leigh & Clark, 2018; National Institute of Mental Health, 2018). Further, many patients with anxiety disorders are dissatisfied with traditional counseling treatments and choose complementary and alternative approaches in counseling in addition to or substitute for traditional mental health care (Anxiety and Depression Association of America, 2020). Complementary and alternative approaches represent a holistic view of therapy that addresses social, emotional, intellectual, spiritual, physical, cultural, and creative approaches in counseling (Latorre, 2009). The Institute of Medicine (2005) found an extensive increase in complementary and alternative medicine (CAM) use by 25% from 1990 to 1997. Thirty-eight percent of adults use some form of

CAM therapy for anxiety (Bystritsky et al., 2012). In this chapter, I discuss the background of the study, the research problem and purpose of the study, research questions and hypotheses, conceptual framework, the nature of the study, definitions, assumptions, scope and delimitations, limitations, and significance of the study.

Background of the Study

Research suggests that individuals diagnosed with moderate to severe anxiety disorders are likely to use complementary and alternative approaches in counseling (Bystritsky et al., 2012; de Jonge et al., 2018; McPherson & McGraw, 2013; Olagunju & Gaddey, 2020). Although there is a growing tendency toward the use of complementary and alternative approaches for anxiety disorders, there is little information regarding mental health practitioners' attitudes, knowledge, and use of complementary and alternative approaches in counseling (National Center for Complementary and Integrative Health, 2015; Nichols, 2015). There is also a growing need for better mental health care models, as recognized by the National Center for CAM, a branch of the National Institute of Health (Lake & Turner, 2017; National Center for CAM, 2015; Nichols, 2015). This research study attempts to fill the gap in the professional literature by understanding the knowledge and perceptions of mental health counselors toward integrating complementary and alternative therapies in counseling when treating individual with anxiety disorders. Counselors who acknowledge and support the advantages of integrating complementary and alternative approaches in counseling would be more likely to offer these options in their practice.

Problem Statement

Anxiety disorders are a growing problem for a significant number of people on a global scale. Since the COVID pandemic appeared in 2020, numbers of adults with anxiety disorders in the United States have considerably increased to more than half a million people (Mental Health America, 2020). An estimated total of 19.1% of adults in the United States indicated that they experience anxiety disorders, and 284 million people, or 31.1% of adults worldwide, reported that they experience some form of anxiety (Ritchie & Roser, 2018). However, only 36.9% of U.S. individuals with anxiety disorders receive mental health treatment (Leigh & Clark, 2018; National Institute of Mental Health, 2018). Thus, research indicates a global need for improved mental health care, especially for anxiety disorders (Alonso et al., 2018; Lake & Turner, 2017). Several factors explain the need for improved mental health care: (a) current treatments do not address the gap between clients' mental health needs and available resources (Lake & Turner, 2017; Mattar & Frewen, 2020); (b) traditional evidence-based approaches in counseling do not fully address the evolving needs of clients (Lake & Turner, 2017); and (c) there is a gap in understanding the knowledge, beliefs, attitudes, and skills by mental health counselors in their use of complementary and alternative approaches in counseling (Kassis & Papps, 2020; Lake & Turner, 2017; Liem, 2019). In this study, I addressed the problem of providing more options in mental health care for individuals with anxiety disorders by focusing on these three factors.

Purpose of the Study

The purpose of this quantitative study was to examine whether the knowledge,

attitudes, and beliefs of professional mental health counselors predicted their use of complementary and alternative approaches in counseling. Knowledge includes foundational education, continuing education, experience, and perceptions of complementary therapies. Attitudes include beliefs about complementary therapies, collaboration and integration, mind-body-spirit wellness, spirituality, and choices to use complementary therapies in professional practice. In order to fully explore counselors' beliefs, it was imperative to understand the counselors' personal spiritual beliefs. Spirituality relates to an individual's core beliefs, values, and experiences and does not necessarily refer to religion (Hall et al., 2004; Nichols & Hunt, 2011; Walker et al., 2004). Counselors who consider themselves spiritual are more likely to use complementary and alternative therapies in counseling (Ahlin, 2008; Ellison et al., 2012; Foster, 2006; Nichols, 2015). In this study, I explored which traits of mental health counselors were most likely to predict the implementation of complementary and alternative approaches into their practice.

Data came from survey research asking mental health counselors who treated individuals with anxiety disorders to complete survey instruments that measure their attitudes and beliefs, and spirituality regarding the use of complementary and alternative approaches in counseling. Independent or predictor variables included spirituality, specialization, professional identity, types of anxiety disorders treated by mental health counselors, and training and education in complementary and alternative approaches in counseling. These variables helped to predict which mental health counselors would likely use complementary and alternative approaches in their counseling practice. Data

also included demographic information of participants such as age, licensure, title, professional identity, and type of practice. I explored these five variables to gain a better understanding of counselors' choices to integrate complementary and alternative approaches into their practice. Providing more therapeutic options for reducing anxiety levels could increase clients' motivation to seek treatment (Latorre, 2009).

Research Questions

Research Question 1: Do the following variables, individually or in combination with each other, predict the knowledge about and perceptions of complementary and alternative approaches in counseling: (a) the spirituality of the mental health professionals, (b) the degree to which mental health professionals specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health professionals treat, (d) the amount of training mental health professionals have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

$H_0$1: There is no statistically significant difference in the prediction of knowledge about and perceptions of mental health counselors about the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health counselors, (b) the degree to which mental health counselors specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health counselors treat, (d) the amount of training mental health counselors have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

$H_1$1: There is a statistically significant difference in the prediction of knowledge about and perceptions of mental health counselors about the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health counselors, (b) the degree to which mental health counselors specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health counselors treat, (d) the amount of training mental health counselors have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

Research Question 2: Do the following variables, individually or in combination with each other, predict the intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health professionals, (b) the degree to which mental health professionals specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health professionals treat, (d) the amount of training mental health professionals have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

$H_0$2: There is no statistically significant difference in the prediction of intentional complementary and integrative healthcare practices of mental health counselors about the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health counselors, (b) the degree to which mental health counselors specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders

clients have most often that mental health counselors treat, (d) the amount of training mental health counselors have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

$H_1$2: There is a statistically significant difference in the prediction of intentional complementary and integrative healthcare practices of mental health counselors about the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health counselors, (b) the degree to which mental health counselors specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health counselors treat, (d) the amount of training mental health counselors have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

Research Question 3. Do the following variables, individually or in combination with each other, predict the openness of mental health professionals to the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health professionals, (b) the degree to which mental health professionals specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health professionals treat, (d) the amount of training mental health professionals have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

$H_0$3: There is no statistically significant difference in the prediction of openness to the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health counselors, (b) the degree to which mental health counselors specialize

in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health counselors treat, (d) the amount of training mental health counselors have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

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Conceptual Framework

There is a growing interest in integrative mental health care combining mainstream and alternative approaches in counseling (Fasce & Adrián-Ventura, 2020; Kassis & Papps, 2020; Lake & Turner, 2017; Lake et al., 2012). The conceptual framework for this study was the integrative mental health model proposed by James Lake, which connects the bio-psycho-socio-spiritual model with traditional approaches of treating and healing mental illness (Lake, 2009; Lake & Turner, 2017). The philosophical tenets of integrative mental health model include an emphasis on client empowerment, person-centered counseling, and wellness. Mental health counselors are encouraged to look beyond the clients' psychological needs and find a deeper connection using social and spiritual narratives (Lake et al., 2012).

The integrative mental health model supports the use of complementary and alternative approaches such as mindfulness and spirituality to benefit individuals diagnosed with anxiety and other mental health illnesses (Sarris et al., 2014). Lake (2009) recognized the benefits of complementary and alternative approaches for treating individuals with anxiety disorders and encouraged counselors to engage in this practice. The integrative mental health model involves the treatment of the whole person rather than just the individual symptoms by integrative evidence-based practices and complementary and alternative approaches. This integration incorporates psychosocial therapy, psychopharmacology, mind-body medicine, and a wellness approach to address social, cultural, economic, and spiritual aspects of mental healthcare practiced worldwide (Berger, 2011; Sarris et al., 2014).

Nature of the Study

To address the research questions in this study, I analyzed data using a standard multiple regression that predicted which professional counselors use complementary and alternative approaches in their practice (dependent variable) based on demographics and personal information, knowledge and perceptions, and openness to use complementary and alternative approaches in counseling related to mental health practice (independent variable). I used survey research to quantitatively analyze data gathered from professional counselors to determine which independent variables predicted the use of complementary and alternative approaches in their practice, with the possibility of predicting future results based on these relationships.

For my planned research design, I asked a convenience sample of counselors to

complete the Complementary and Integrative Health Assessment for Practitioners Scale (CIHAP; Berger & Johnson, 2017) and the Intrinsic Spirituality Scale (Hodge, 2003). The CIHAP Scale assessed (a) practitioners' knowledge about and perceptions of complementary and alternative approaches in counseling and (b) the intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling. The Intrinsic Spirituality Scale measured attributes associated with spirituality. It also assessed the motivation of counselors toward the use of complementary and alternative approaches in counseling. Comparison of scores helped to identify participants' use of complementary and alternative approaches in treating anxiety disorders. I surveyed mental health counselors who are licensed in the United States.

Definitions

For the purposes of this particular study, the following words and phrases have the meanings provided in this section.

Alternative approaches in counseling: A non-traditional approach used to replace mainstream counseling (National Center for Complementary and Integrative Health, 2015). It may or may not be evidence based and, in many cases, does not represent a Western philosophy of counseling practices (Bystritsky et al., 2012; Zörgő et al., 2018).

Anxiety disorders: One of the most common mental health disorders in the United States consisting of persistent, overwhelming, intense fear in non-threatening situations causing emotional and physical distress (American Psychiatric Association, 2013;

National Alliance on Mental Illness, 2021). Emotional symptoms include excessive fear, worry, tension, irritability, and anticipation of worst-case scenarios. Physical symptoms are representative of the fight or flight response, including racing heart, tremors, sweating, body tension, dizziness, gastric discomfort, and hyper-vigilance (American Psychiatric Association, 2013). Several types of anxiety disorders are listed in the *DSM-5* (American Psychiatric Association, 2013) including separation anxiety, selective mutism, specific phobia, social phobia, panic disorder, agoraphobia, and generalized anxiety disorder.

Cognitive behavioral therapy (CBT): A type of therapy that helps individuals identify and change negative thought patterns that contribute to negative behavior and emotional dysregulation. Some techniques used in CBT include changing automatic negative thoughts, exposure therapy, cognitive restructuring, self-monitoring, behavior rehearsal, and Socratic dialogue (Corey, 2017).

Complementary and alternative medicine (CAM): Non-conventional approaches within medical and mental health care practices, including alternative medical approaches, biological related therapies, mind-body approaches, energy healing, and somatic therapies (Brystritsky et al., 2012; National Center for CAM, 2000). Other terms related to CAM are complementary and alternative psychotherapies (Fasce & Adrian-Ventura, 2020), complementary therapies (Jaruzel & Kelechi, 2016), complementary and alternative therapies (Kassis & Papps, 2020), and complementary integrated health (Berger & Johnson, 2017; Mattar & Frewen, 2020).

Complementary approach: A non-traditional approach used with a traditional or

conventional approach in counseling (Bystritsky et al., 2012; National Center for Complementary and Integrative Health, 2015). When using this term in the context of counseling, it often represents holistic and mind-body approaches characterized by Eastern philosophies (Lake et al., 2012; Moe et al., 2012).

Conventional approach: Also referred to as mainstream or traditional approaches that are most likely evidence-based practices such as CBT (Kassis & Papps, 2020; Pokladnikova & Telec, 2020).

Emotional freedom technique: A self-help therapy, also known as tapping, introduced in 1995 by Gary Craig. An individual taps on specific acupressure points also known as energy meridian points on the body, including top of the head, bridge of the nose, temple, under the eye, upper lip, chin, collar bone, under the arm, and side of the hand. Individuals tap on these points while identifying an issue that is distressful. The individual also adds affirmations of awareness of the emotion and self-acceptance to relieve emotional distress (Bach et al., 2019)

Eye movement desensitization and reprocessing: Therapy that allows the individual to focus on a traumatic memory while moving the eyes back and forth as a type of bilateral stimulation to reduce distress from the traumatic memory. Developed by Francis Shapiro for the treatment of post-traumatic stress disorder (Shapiro, 1989).

Integrative: The combination of complementary and alternative approaches together with conventional approaches (National Center for Complementary and Integrative Health, 2021; Berger, 2011; Fasce & Ventura, 2020). Integrative approaches in counseling may include a combination of mind-body, spiritual, or somatic approaches

with CBT. In this research project, I will seek to understand the integration of complementary and alternative therapies into mental health providers' practice for a more collaborative model of mental health care.

Mindfulness based cognitive therapy: A combination of mindfulness and cognitive behavior therapy

Mental health counselors: Mental health practitioners who have received a master's degree or doctoral degree in mental health counseling and have a license to provide counseling services to individuals according to state licensure guidelines. For the purposes of this paper, titles of these individuals include licensed professional counselor (LPC), licensed mental health counselor (LMHC), licensed clinical professional counselor, licensed clinical mental health counselor, licensed professional clinical counselor, or licensed mental health professional counselors.

Mind-body exercises: Interventions that help to improve the connection between cognition and physical functioning. Three most popular mind-body exercises are yoga, Tai Chi, and Qigong. Tai Chi consists of breathing with a series of slow, smooth, and rhythmic movements. Yoga combines internal awareness with breath and stretching. Qigong consists of circulating energy and focuses on internal balance and harmony (Wang et al., 2017).

Spirituality: A sense of connection with a sacred, transpersonal, and/or transcendent element that supports inner strengths, beliefs, and values to seek meaning and purpose in one's personal life. Spirituality does not necessarily include a religious affiliation but can include rituals, stories, and cultural beliefs (Corey, 2006; Hall et al.,

2004; Moe et al., 2012; Nichols & Hunt, 2011).

Assumptions

This study helped to determine which counselors would possibly implement complementary and alternative therapy into their counseling practice. One assumption was that mental health counselors would complete the survey with honesty and accuracy. A second assumption was that the two surveys chosen for this study would help identify which variables would be significant in determining which counselors integrate complementary and alternative approaches in counseling individuals with anxiety disorders. Another assumption was that the population asked to respond to these surveys would represent a wide variety of participants and demographic variables. These assumptions were necessary as they affected the inferences drawn from the study.

Scope and Delimitations

This study focused on mental health counselors' knowledge, attitudes, and beliefs that predict their use of complementary and alternative approaches in counseling adults with anxiety disorders. I chose this dissertation topic because I wanted to provide objective, evidence-based information on mental health practitioners' use of complementary and alternative approaches in counseling individuals with anxiety disorders. It is my hope that mental health counselors use their knowledge, attitudes, and beliefs to expand current practices and work together to incorporate a more integrative model of counseling.

Many individuals who experience anxiety disorders are highly likely to use complementary and alternative approaches in counseling (Bystritsky et al., 2012). The

number of individuals with anxiety and other mental health disorders engaging in complementary and alternative approaches continues to increase (Berger, 2011). Thus, there is a need for mental health counselors to provide more options to counseling individuals with anxiety disorders (Cook et al., 2017; Hughes et al., 2021; Lake & Turner, 2017). Participants included in this study were licensed mental health counselors who work directly with individuals who have been diagnosed with anxiety disorders. Respondents were excluded if they did not hold a license, did not identify themselves as mental health counselors who provide therapy for anxiety disorders, did not complete the study, or did not sign the informed consent.

Limitations

Limitations and challenges of the study included a potential low response rate. Finding professional counselors for this survey was initially challenging as web survey response is typically 11% lower than other survey methods (Saleh & Bista, 2017). According to the Department of Labor's Bureau of Labor Statistics, over 577,000 mental health professionals are practicing nationwide (Psych Central, n.d.). It would be challenging to get a representative sample of the national population of counselors, so instead, I surveyed a sample of licensed mental health counselors in the United States. It was initially difficult to obtain email addresses for this population, so I needed to find email addresses through multiple resources other than Psychology Today, including e-counseling.com. Another limitation was response bias to the degree of interest that professional counselors have about complementary and alternative approaches in counseling. Some counselors may have not wanted to participate because they viewed

complementary and alternative approaches in a negative light, and some counselors may have wanted to participate because they have a vested interest in the subject. I needed to include all counselors in the study who support and do not support complementary and alternative approaches in counseling. Finally, I was mindful of my bias as a complementary and alternative counselor and was open to potential negativity on this subject from some participants. The issues of representative sampling, response bias, and researcher bias may have limited the generalizability of the results.

Significance of the Study

This study was significant because the results offer new ways of understanding counselors' use of complementary and alternative approaches in counseling, which could be used to improve the lives of individuals diagnosed with anxiety disorders. This study provides new resources to help professional counselors increase treatment options for individuals with anxiety disorders. Clients and counselors could benefit from using a complementary and alternative approach in the treatment of anxiety disorders to encourage better communication of cultural and spiritual experiences. The results from this study support the integration of complementary and alternative approaches, and more training and continuing education could be efficacious for mental health counselors to integrate these treatment options for individuals with anxiety disorders.

Significance to Theory and Practice

Conventional, mainstream, and traditional approaches in counseling do not adequately address the current needs of adults diagnosed with anxiety and other mental health disorders (Kassis & Papps, 2020; Lake & Turner, 2017). There is a significant

increase in the number of individuals incorporating complementary and alternative approaches in their counseling experiences (Berger, 2011). According to the National Health Interview Survey (2007), 40% of adults and 11.8% of children in the United States have chosen to use complementary and alternative approaches such as mindfulness, meditation, deep breathing, mind-body therapies, and energy healing (Barnes et al., 2008). Mental health counselors who incorporate the integrative mental health model into their counseling practice are responsible for upholding ethical standards and guidelines of the profession. Professional counselors and other mental health experts have recognized the importance of addressing diversity and cultural identities, ensuring respect for values and beliefs, and promoting clients' dignity and welfare in mental health counseling (American Counseling Association [ACA], 2014).

Significance to Social Change

The results of this study can address the evolving needs of clients and provide more options for mental health treatments for individuals with anxiety disorders and other mental illnesses. This study addresses the need for mental health counselors to continue their education of new and emerging approaches in counseling. National organizations such as the National Center for CAM (2000) and Mental Health America (2020) recognize a global need for improved mental health care, especially anxiety. The integrative mental health model draws the attention of counselors toward multiple advances in mental health treatment and the need to integrate complementary and alternative approaches in counseling.

Summary

Mental health counselors and practitioners who implement complementary and alternative approaches in their practice are addressing the evolving needs of clients. Statistics show that adults and children are actively engaging in complementary and alternative approaches (Barnes et al., 2008) and are highly likely to use a complementary and alternative approach in counseling (Bystritsky et al., 2012). Counselors and mental health practitioners who incorporate the integrative mental health model into their counseling practice create a positive dialogue with clients in addressing culture, diversity, spirituality, and creativity in a person-centered environment that treats the whole person (Lake & Turner, 2017; Ligorio & Lyons, 2019; Olagunju & Gaddy, 2020).

In this chapter, I discussed the need for more research in complementary and alternative approaches in counseling for anxiety disorders (National Center for Complementary and Integrative Health, 2015; Lake & Turner, 2017; Nichols, 2015). I reviewed the gap in knowledge related to the beliefs, attitudes, and skills of mental health counselors and their use of complementary and alternative approaches in counseling. I also stated how conventional, mainstream treatments do not address the gap between clients' mental health needs and available resources. This study addressed the need for more therapeutic options in counseling to reduce anxiety levels and increase motivation to seek counseling. In Chapter 2, I will present a literature review that supports the problem, purpose, and significance of this study.

Chapter 2: Literature Review

The purpose of this study was to learn whether five variables—spirituality, specialization, types of anxiety disorders treated, training, and professional identity—could predict the use of complementary and alternative approaches in the practices of mental health counselors. Further research is needed in studying the use of complementary and alternative approaches in counseling (Kassis & Papps, 2020; Liem, 2019; Mattar & Frewen, 2020). I explored the variables in this study to help fill the research gap in understanding potential barriers toward implementing complementary and alternative approaches in counseling (Fasce & Adrian-Ventura, 2020; Kassis & Papps, 2020; Lake & Turner, 2017; Liem, 2019; Ligorio & Lyons, 2019; Nichols, 2015). The data I gathered from these variables could support the importance of providing a wider range of counseling options for counselors, mental health counselors, and adults with anxiety disorders. In this chapter I examine the literature regarding mental health counselors' and practitioners' knowledge, attitudes, and beliefs about complementary and alternative approaches in counseling adults with anxiety disorders. The outcomes of the literature review support the importance of this study for creating a better understanding of integrative mental health counseling and a more collaborative model of care (Berger 2011; Lake & Turner, 2017; Ligorio & Lyons, 2019). Major sections of this chapter include the literature search strategy, conceptual framework, literature review, and a summary.

Literature Search Strategy

The keywords and combinations of keywords I searched were *anxiety disorder,*

treatment for anxiety, holistic therapy, complementary and alternative therapy, complementary and alternative approaches, complementary counseling, body mind and spirit, counseling, mental health counselors, integrative, integrative mental health model, mental health professionals, *mind-body therapies*, *therapy*, *psychotherapy,* and *spirituality in therapy*. Databases I searched in the Walden University online library include Ebsco Discovery Service, Thoreau, Academic Search Complete, PsychInfo, PsycARTICLES, ProQuest, PsychCentral, and SAGE. Additionally, Google Scholar was another search engine I used. Limitations included full text, peer-reviewed scholarly journals, books, and web pages from national and international counseling and psychological organizations from 2015 to present. My search for seminal literature included founders of holistic approaches in counseling psychology such as Alfred Adler and Carl Jung, dating back to the late 1800s and early 1900s. Holistic approaches in counseling evolved over the past 30 years into the practice of complementary and alternative approaches in counseling resulting in the exploration of literature from 1990 to present. I was unable to find articles that addressed counselors' use of complementary and alternative approaches in counseling for anxiety disorders. However, several alternative keywords used to explore complementary and alternative treatments such as *energy psychology*, *somatic therapy, breathwork, body scan, hypnosis*, and *creative arts* unveiled more literature.

Conceptual Framework

The conceptual framework for this study was the integrative mental health model, which connects the bio-psycho-socio-spiritual model with traditional approaches of

treating and healing mental illness (Lake et al., 2012; Moe et al., 2012; Zörgo et al., 2018). The integrative mental health model practices involve treating the whole person rather than just the individual symptoms by integrating evidence-based practices and complementary and alternative therapies. This integration incorporates psychosocial therapy, psychopharmacology, mind-body medicine, and a wellness approach to address social, cultural, economic, and spiritual aspects of mental health care practiced worldwide (Berger, 2011; Berger et al., 2017; Sarris et al., 2014). The Integrative mental health model supports the use of complementary and alternative approaches such as mindfulness and spirituality to benefit individuals diagnosed with anxiety and other mental health illnesses (Berger et al., 2017; Sarris et al., 2014).

Literature Review Related to Key Variables and/or Concepts

History of Complementary and Alternative Approaches in Counseling

The modern practice of mental health counseling reflects a dichotomous historical background of Eastern and Western philosophies (Berger, 2011; Hurley & Callahan, 2008; Kassis & Papps, 2020). Historically, Eastern practitioners have embraced cultural, spiritual, and body-mind-spirit approaches, and Western practitioners have relied more heavily on cognitive, evidence-based approaches in counseling (Berger, 2011; Cremins, 2002; Khambaty & Parikh, 2017; Koenig, 2012). Eastern philosophies dating back several thousand years, such as Buddhism, Taoism, and Ayurveda, reflect a holistic view of an individual's well-being (Chan et al., 2001; Jonas et al., 2013; Ligorio & Lyons, 2019). Western practitioners often viewed such holistic elements of body, mind, emotion, and spirit as separate entities and sometimes non-essential elements of counseling (Chan

et al., 2001; Kassis & Papps, 2020). However, some of the early masters in the field of psychology and psychiatry acknowledged the value of integrating holistic approaches in counseling. Alfred Adler (1870–1937) developed the wellness principle of holism and was among the first mental health practitioners to acknowledge the benefits of humanistic psychology and spirituality (Ansbacher, 1990; Moe et al., 2012). Carl Jung (1875–1961) was named "the precursor of the holistic movement" (Giglio, 1977, as cited in Siegel and Turato, 2016, p. 1521). Jung strongly believed in ancient cultures and Eastern religion and was known to be a practitioner of yoga, astrology, mythology, and spirituality (Jung & Hull, 1980). Jung referred to himself in his later years as the "healer of the soul" (Dunne, 2015).

As the field of psychology and counseling progressed, psychologists and counselors relied more on empirical science than a holistic approach to therapy (Berger, 2011; Cremins, 2002;). Behaviorists such as John B. Watson (1878–1958) and B. F. Skinner (1904–1990) rejected spirituality or holistic approaches in counseling because these could not be easily measured (Cremins, 2002). Since then, Western practitioners have shifted their thinking to move closer to understanding and incorporating alternative therapies such as those embraced by Eastern practitioners (Ventola, 2010).

At the end of the 20th century, interest grew in alternative therapies and expanded to include more effective approaches in counseling (Jonas et al., 2013). By the end of the 1990s, the term "complementary and alternative medicine" was becoming a widely discussed topic in medical and mental health care (Institute of Medicine, 2005). President Bill Clinton created the White House Commission on CAM Policy (2002). The National

Center for CAM emerged to study and evaluate CAM practices, addressing research, education, and training to help increase knowledge about CAM. They endeavored to focus on integrating CAM practices into mainstream health care (Jonas et al., 2013). CAM addresses holistic health, mind-body connections to mental healing and wellness, and energy psychology (Zörgő et al., 2018). The National Center for CAM uses five categories to classify CAM modalities: (a) alternative medical systems, (b) mind-body interventions, (c) biologically based treatments, (d) manipulative and body-based methods, and (e) energy therapies. Category (b) addresses mental healing, meditation, spirituality, and prayer in counseling approaches (Institute of Medicine, 2005). Energy therapies in Category (e) are currently expanding to include emotional freedom technique (tapping), thought field therapy, and somatic therapies.

In 2014, the U.S. Congress renamed the National Center for CAM to the National Center for Complementary and Integrative Health. Since then, several names emerged in the literature referring to complementary and alternative health approaches to meet the needs of the mental health population, such as complementary and alternative psychotherapies, complementary therapies, complementary and alternative therapies, complementary and integrative health care. Throughout this dissertation, I use the term "complementary and alternative approaches in counseling."

Anxiety Disorders

Seven types of anxiety disorders recognized in the DSM-5 include separation anxiety disorder, selective mutism, specific phobia, social anxiety disorder, panic disorder, agoraphobia, and generalized anxiety disorder (American Psychiatric

Association, 2013). The most current estimate of adults in the United States who reported experiencing anxiety disorders is 284 million and rising (Mental Health America, 2020). This number has significantly increased during 2020 and 2021 due to the COVID-19 pandemic.

Several assessment tools screen for symptoms of anxiety including the Screen for Adult Anxiety Related Disorders, the Burns Anxiety Inventory, the Beck Anxiety Inventory, the Patient Health Questionnaire, the Hamilton Anxiety Rating Scale, the State-Trait Anxiety Inventory, and the Overall Anxiety Severity and Impairment Scale. These assessment tools screen for common symptoms of anxiety disorders including fear or worry in non-threatening situations that is persistent and excessive. Emotional symptoms include feelings of dread, tension, irritability, restlessness, and fear of impending doom or danger, trouble controlling worry, avoidance of anxiety triggers, and anticipation of the worst things that might happen (American Psychiatric Association, 2014; National Alliance on Mental Illness, 2021). People with anxiety disorders also experience negative physical symptoms such as racing or pounding heart, shallow fast breathing, twitches or tremors, sweating, headaches, fatigue, insomnia, and gastrointestinal problems (National Alliance on Mental Illness, 2021).

Current Counseling Treatments

Counselors who work in agencies, schools, and hospitals usually are mandated to use traditional evidence-based practices such as cognitive-behavioral therapy (CBT) as a one-size-fits all approach. Evidence-based practices are reliable, efficient, and approved for billing purposes with insurance companies. The ACA sets guidelines for counselors to

use empirically supported treatments that are “based on rigorous research methodologies” (ACA, 2014, Section C). Oregon was the first state to enact a mandated law for evidence-based practices, Senate Bill 267 (SB 267), formally known as Oregon Revised Statute 182.525 (Rieckmann et al., 2011) and ties state funds to specific treatment practices.

CBT is one of the most widely accepted evidence-based practices for anxiety due to extensive and repeated research and testing (Hofmann et al., 2012). But although CBT is known to be efficacious in treating various anxiety disorders, studies show that CBT alone is less effective in treating anxiety disorders (Muir et al., 2021). For example, researchers have found CBT to be less effective than eye movement desensitization and reprocessing and emotional freedom technique treatments for test anxiety (Benor et al., 2009). Additionally, though the most accepted standard form of therapy for treating social anxiety is CBT, studies indicate CBT alone is not effective for everyone (Grumet & Fitzpatrick, 2016; Nordahl & Wells, 2017; Scharfstein et al., 2011; Shahar et al., 2017).

Despite their common use, traditional evidence-based approaches in counseling do not fully address the evolving needs of mental health clients (Hughes et al., 2021; Lake & Turner, 2017; Smith et al., 2014). Research has shown that current counseling treatments do not fill the gap between the mental health needs of individuals and the integration of complementary and alternative approaches in counseling (Kassis & Papps, 2020; Lake & Turner, 2017; Liem, 2019, Mattar & Frewen, 2020). Some adolescents and young adults prefer complementary and alternative approaches for healing mental and emotional distress (Hughes et al., 2021; National Center for Complementary and

Integrative Health, 2015). In this literature review, I brought awareness of the possibilities beyond mainstream counseling model and acknowledged the complexities within each client's personal experiences, values, and beliefs.

Complementary and Alternative Approaches in Counseling for Anxiety Disorders

Many individuals experiencing anxiety disorders are looking beyond traditional counseling approaches and are choosing CAM to supplement or replace traditional approaches in mental health care (Anxiety and Depression Association of America, 2020; Liem, 2019; Mental Health America, 2020). CAM exemplifies a mind-body-spirit philosophy of counseling that is holistic and includes spiritual, physical, cultural, and creative approaches (Latorre, 2009). CAM is a globally recognized treatment for individuals with anxiety and other mental health disorders (Liem, 2019). Though CAM represents these characteristics in counseling, the word "medical" sends the message of treatment by a physician rather than a counselor or other mental health professional. Several researchers have acknowledged these issues and have changed the term to complementary and alternative psychotherapies, complementary therapies, and complementary and integrative health care. Therefore, I used the term "complementary and alternative approaches in counseling" throughout this paper because it seemed more specific to this study's problem, purpose, and research questions.

Using the Integrated Health Model to Treat Anxiety Disorders

The integrated health model (Lake, 2009) consists of biological, psychological, sociological, and spiritual elements to empower the whole person in treating mental illness. These elements are integrated into mental health care to address clients' needs in

social, cultural, economic, and spiritual aspects. Lake et al. (2012) recognized these elements and supported the use of integrated health model in treating individuals with anxiety disorders. There is a growing need for mental health counselors to address more than the psychological needs of clients and connect with the whole person. Addressing this need can be accomplished by integrating complementary and alternative approaches and mainstream counseling (Berger 2011, Fasce & Adrián-Ventura, 2020; Kassis & Papps, 2020; Lake & Turner, 2017; Lake et al., 2012).

The integrative mental health model consists of several steps: (a) diagnostic assessment, (b) determining causation, (c) creating an individual integrative treatment plan, (d) considering potential referrals, and (e) following up with clients (Lake et al., 2012). A diagnostic assessment using the integrative mental health model consists of the usual steps of risk assessment, diagnosis, causation, and previous treatment history. Determining the cause of the presenting problem and diagnosis goes beyond the mainstream intake by considering the individual's environment, spiritual beliefs, values, culture, relationships, and personal beliefs. In creating a treatment plan, those who utilize the integrative mental health model suggest beginning with the most evidence-based treatments and considering other options, including patient preferences. Integrative treatment can include biological, psychological, sociological, or spiritual treatments and align with the client's personal beliefs and preferences.

Case Study Example

The following case scenario is an example I created to summarize the application of the integrative mental health model in clinical practice: Stacy is a 52-year-old female

diagnosed with generalized anxiety disorder. At times, she experiences debilitating panic attacks that affect her work, social relationships, and daily tasks. She is taking medication prescribed for her anxiety but still experiences significant symptoms. Using the integrative mental health model, the mental health practitioner would ask about any transpersonal influences that may be causing her increased anxiety. The counselor would ask about nutrition and exercise, family, and cultural customs, spiritual or existential perspectives, social interactions, physical stressors, herbal or supplemental medications, and personal beliefs about her diagnosis. The counselor may ask if this client has had any genetic testing to determine which medications work best for her. Coping skills or interventions may be offered such as mindfulness, mind-body techniques, spirituality, emotional support therapies, creative arts skills, Jungian therapies, or computer-based therapies that are used as alternative approaches best suited for anxiety disorders.

In Stacy's case, she reported her reliance on her faith and spirituality to help her through panic attacks. She also talked about the cultural customs of her family, who are from Costa Rica. She asked about guided imagery and skills she can use to relax and fall asleep at night. Stacy is just getting over a difficult breakup and believes she needs to work through some past traumas from that relationship. The counselor offered to use emotional freedom technique with Stacy to help process those memories and feel better about herself. Throughout the process, Stacy and the counselor develop a positive therapeutic relationship where she can feel empowered to use these skills, connect mind and body in the healing process, and create positive lifestyle changes that improve her mental health and well-being.

Whole Person Treatment in Mental Health Counseling

CAM represents a holistic view of therapy that addresses culture, creativity, mind and body connections, and spirituality (Latorre, 2009). Research shows that mental health practitioners, including psychologists and psychiatrists, practice holistic approaches and personally use alternative therapies (Liem, 2019). A holistic approach treats the whole person and involves understanding the individual's environment, spiritual beliefs, values, culture, relationships, and beliefs (Lake et al., 2012). A whole person treatment in mental health counseling begins with an individualized plan that looks deeper into the underlying reasons for mental illness. Whole person treatment involves integrating mind-body approaches such as meditation, mindfulness, and other alternative approaches in counseling.

Types of Complementary and Alternative Approaches for Anxiety Disorders

Current treatments for anxiety disorders include conventional and alternative treatments. Counselors use complementary and integrative health approaches such as mind-body therapies and energy therapies to treat anxiety disorders, post-traumatic stress disorder, and depression (Mattar & Frewen, 2020). Several studies recognized complementary therapy for being “well-suited” in treating anxiety and depression and meeting clients' diverse mental health needs (Nichols, 2015, p. 29). Mental health practitioners who use alternative therapies integrate many of these approaches into their practice. Some of these approaches refer to interventions also known as coping skills, such as progressive muscle relaxation and sand tray therapy. Some are theoretical approaches, including internal family systems and transpersonal therapy. They may

combine with conventional therapies such as CBT, psychodynamic counseling, person-centered counseling, and narrative therapy. For example, mindfulness combined with CBT creates a complementary therapy of mindfulness-based cognitive therapy often used to treat anxiety disorders. Adjunct approaches practiced outside the counseling setting include mind-body exercises such as yoga, tai chi, qi gong, and Ayurveda (Wang et al., 2017). However, some of the skills used in these practices include breathing and mindfulness techniques often used in counseling sessions. Table 1 shows multiple alternative approaches that can combine with mainstream approaches in creating the best treatment plan.

Table 1

Alternative Approaches in Counseling

Mindfulness	**Mind-Body**	**Spirituality**	**Emotional Support**	**Creative Arts**	**Jungian Therapies**	**Technology in Therapy**	**Trauma Therapy**
Meditation	Body Scan	Existential Therapy	Pet Therapy	Music Therapy	Mandala Art Therapy	Biofeedback	*EMDR
Guided Imagery	Progressive Muscle Relaxation	Prayer	Emotional Freedom Technique	Art Therapy	Archetypes	Virtual Reality Therapy	Brain-spotting
Visualization	Somatic therapies	Cultural Sensitivity Therapy	Energy Psychology Therapies	Storytelling Therapy	Dreamwork	Computer Based Counseling	Rapid Resolution Therapy
Breathwork	Autogenic Therapy	Ayurveda	Internal Family Systems	Drama Therapy	Sand Tray Therapy	Biofeedback	Emotional Freedom Technique
Hypnosis		Faith Based Counseling	Brain-spotting	Play Therapy	Transpersonal Therapy	Neuro-feedback	
Sensory focus				Biblio-therapy			

Note. *Eye movement desensitization and reprocessing

Beliefs, Knowledge, and Attitudes of Mental Health Counselors

The literature suggested psychologists and other mental health practitioners use complementary and alternative approaches personally and in their practice (Berger, 2011;

Kassis & Papps, 2020; Liem, 2019; Ligorio & Lyons, 2019). Mental health professionals worldwide are becoming more aware and open to using complementary and alternative approaches in counseling (Liem, 2019; Mattar & Frewen, 2020). One study showed that 47% of psychologists surveyed in Australia used CAM therapies for their personal mental health (Wilson et al., 2011). Several reasons for mental health practitioners' positive attitudes toward complementary and alternative approaches included personal beliefs, experience with integration of mainstream and alternative therapies, values relating to the mind-body-spirit connection, holistic beliefs, empathy, exposure to multiple practices, and professional identity relating to mental wellness (Ligorio & Lyons, 2019; Nichols, 2015). Research suggested that mental health professionals are more likely to integrate complementary therapies into their practice when they are more knowledgeable and aware of integrative approaches (Berger, 2011; Hsiao et al., 2006; Nichols, 2015).

While there is a debate among mental health practitioners about the empirical evidence and efficacy of complementary and alternative therapies, there is also an increasing number of counselors and other mental health professionals integrating complementary and alternative therapies in counseling (Lake & Turner, 2017; Liem, 2019). Empirical support and evidence-based research are gaining strides in acknowledging the benefits of complementary and alternative approaches in the mental health field (Fasce & Adrián-Ventura, 2020; Kassis & Papps, 2020). Research supported that mental health practitioners' knowledge, attitudes, and beliefs influence their choice to integrate complementary and alternative therapies into their practice (Berger & Johnson, 2017; Frass et al., 2012; Liem, 2019; Ligorio & Lyons, 2019; Zörgo et al., 2018).

Growth of Client Interest in Complementary and Alternative Approaches in Counseling

Many individuals use complementary therapies to assist with their mental health concerns (Liem, 2019; Ligorio & Lyons, 2019). The growth of complementary and alternative approaches has been increasing globally for clients who use mental health services (Liem, 2019). Recent studies indicate an upsurge in the number of college students using mental health services (Hughes et al., 2021; Lipson et al., 2019; Xiao et al., 2017). Liem (2019) reported that a study in Indonesia found that more than 75% of people in this country use CAM treatments. Pokladnikova and Telec (2020) identified 100 CAM modalities most commonly used in the Czech Republic. Counseling practitioners use several of these therapies, such as music therapy, art therapy, drama therapy, relaxation skills, yoga, nutrition counseling, and aromatherapy. Wang et al. (2018) reports nearly 10 million children who experience mental health issues use complementary and alternative approaches in treatment because they focus on the whole person, (body-mind-spirit), work well in practice beyond counseling sessions, and treat more than just symptoms.

Current Trends in the Field of Mental Health Counseling

Research is increasing and supporting the usefulness and validity of various complementary approaches in mental health care (Berger, 2011; Kassis & Papps, 2020; Lake & Turner, 2017; Liem, 2019; Ligorio & Lyons, 2019; Mattar & Frewen, 2020). The National Center for Complementary and Integrative Health has developed a strategic plan (2021-2025) toward research for mapping a path to whole-person health by integrating

complementary and alternative health practices (National Center for Complementary and Integrative Health, 2021). The National Center for CAM (2000) created five categories in a classification system of CAM. The second category of the five CAM modalities relates to mind-body interventions such as meditation, prayer, and mental healing. The fifth category describes the use of energy therapies such as therapeutic touch, Emotional Freedom Technique, and Reiki. The National Center for CAM is dedicated to researching CAM and there are an extensive number of people who participate in their clinical trials (National Academy of Sciences, 2005).

More information is becoming available about the benefits of alternative therapies, integration and complementary therapies, and holistic interventions. Casella (2021) created a list of web links for CAM, including art therapy, dance therapy, music therapy, biofeedback, and Ayurveda. They also provided links to national websites such as The National Center for Complementary and Integrative Health, MedlinePlus, and Healthline (Casella, 2021). The ACA offers several blogs on their website relating to CAM and counselor education, ethics, integration, holistic wellness, and cultural issues (ACA, 2019).

Summary and Conclusions

In this literature review, I discovered that current treatments in mental health counseling do not adequately meet the needs of individuals with mental health disorders (Kassis & Papps, 2020; Lake & Turner, 2017; Liem, 2019). Several gaps exist in mainstream treatment for anxiety disorders, including cultural and personal values, holistic views of counseling, spirituality, and creative approaches (Latorre, 2009; Zörgo

et al., 2018). While many counselors and practitioners integrate complementary and alternative approaches in their counseling practice, there is still a skepticism that remains for some mental health practitioners (Frass et al., 2012; Kassis & Papps, 2020). The interest in complementary and alternative approaches in counseling is growing for clients and practitioners (Frass et al., 2012; Lake et al., 2012; Pokladnikova & Telec, 2020). Lake and Turner (2017) recognized the critical need for a better and more collaborative model of mental health treatment. This need extends globally, with a growing demand for mental health counselors and practitioners to meet the challenges of treatment gaps in complementary and alternative approaches for anxiety disorders and other mental health disorders (Alonso et al., 2018; Pokladnikova & Telec, 2020). Exploring knowledge, beliefs, and attitudes of mental health counselors and practitioners may lead to identifying better ways to fill treatment gaps and integrate complementary and alternative approaches in counseling for anxiety disorders and other mental health disorders (Liem, 2019). In the next chapter, I present the methodology used to address the gap in the literature and identify the research question for this study.

Chapter 3: Research Method

The purpose of this quantitative study was to examine whether (a) the spirituality of the mental health counselors; (b) the degree to which mental health counselors specialize in providing services to clients with anxiety disorders; (c) the types of anxiety disorders that mental health counselors treat; (d) the amount of training in complementary and alternative approaches in counseling; and (e) the professional identity of the mental health professional predict counselors' knowledge, attitudes, and openness to the use of complementary and alternative approaches in counseling. I chose these variables because I believed they might predict which mental health counselors are most likely to implement complementary and alternative approaches in counseling for anxiety disorders.

Data came from two survey instruments. The first instrument, the Complementary and Integrative Health Assessment for Practitioners Scale (Berger & Johnson, 2017), asked counselors to describe their attitudes and beliefs about complementary and alternative approaches and treatment outcomes. The second instrument, the Intrinsic Spirituality Scale (Hodge, 2003), asked participants about their spiritual beliefs. I also gathered demographic information of participants. The focus on counselors' knowledge and attitudes of complementary and alternative approaches in counseling for anxiety disorders was essential to this study because it provided critical therapeutic options for individuals seeking treatment (Kassis & Papps, 2020; Lake & Turner, 2017; Liem, 2019). Major sections of this chapter include research design and rationale, population, sampling and sampling procedures, procedures for recruitment, participation, and data collection.

Research Design and Rationale

The nature of this study was quantitative and with a survey to understand what factors contribute to counselors' use of complementary and alternative approaches in providing counseling for adults with anxiety disorders. I identified how much of the variation of professional counselors who use complementary and alternative approaches in counseling could be explained by the contribution and combinations of each of the independent variables identified in this study. Quantitative survey research helped gather data from professional counselors who actively practice and work with adults diagnosed with anxiety disorders. This design was appropriate for addressing the research questions in this study.

In this study, survey research was a better choice than experimental research for several reasons. Experimental research is appropriate for determining how or if a treatment influences a result. True experiments use a randomized assignment of subjects, and quasi-experiments use nonrandomized designs that are single-subject designs (Creswell, 2014). Experimental research introduces a theory that has not been proven before and needs to be proved or disproved. In this study, I did not look to prove a new theory, but I identified a theoretical framework to support the need for complementary and alternative approaches in counseling. In contrast, survey research quantitatively assesses beliefs and opinions of the sample population (Groves et al., 2009). It allows the researcher to connect with a large number of people over a wide area and can be conducted face-to-face, by computer, over the phone, or through the postal system. Computer surveys were the best choice for this study to recruit and study a large number

of participants quickly and efficiently. In this study, I provided anonymity and confidentiality to the participants.

Methodology

Population

The population of this study included LMHCs with various licensing and educational backgrounds who provided counseling or therapy for anxiety disorders. For this study, the definition of mental health counselors were individuals holding a master's or doctoral degree in mental health counseling. These individuals identified as LPCs by specialty in the United States and hold various titles. Professional titles included the following: LPC, LMHC, licensed clinical professional counselor, licensed clinical mental health counselor, licensed professional clinical counselor, or licensed mental health professional counselors. An a priori power analysis was conducted using G*Power 3.1.9.4 (Faul et al., 2009), a linear multiple regression fixed model, R^2 deviation from zero, medium effect size ($f^2 = 0.15$), and an alpha of .05 with five predictors of independent variables. Results indicated that a minimum sample of 138 participants were required to achieve a power of .95.

Sampling and Sampling Procedures

A volunteer sample of participants was recruited by posting survey information in Anxiety and Depression Association of America's member-only online community, *SocialLink*, and Walden University's survey participant pool. Additional recruitment strategies included networking with local counselors, web searches, and direct emails to LMHCs, private practices, professional organizations, and online counselor directories

including Psychology Today. Since direct email addresses were scarce on Psychology Today, I used an additional source for counselors' email addresses from Ecounseling.com. A non-probability method of convenience sampling identified participants who fit into the criteria for this study. Participants included counselors in mental health who were licensed and actively counseling or previously counseled individuals diagnosed with anxiety disorders. This sampling method had an advantage of simplicity by obtaining the sample from counselor organizations, websites, local counseling agencies, and private practices willing to participate in this study. One of the most significant disadvantages was not knowing which type of individuals would be included in the sample (Battaglia, 2011; Lavrakas, 2008). Respondents were excluded if they did not hold a license, did not identify themselves as mental health counselors who provide therapy for anxiety disorders, did not complete the survey, or did not sign the informed consent.

Procedures for Recruitment, Participation, and Data Collection (Primary Data)

I sent recruitment emails to potential participants. This included an introduction message including a description of the study, criteria for the study, and an invitation to participate in the study. Participants who responded had access to an online consent form that included information regarding confidentiality and anonymity, information about the nature of the study, institutional review board (IRB) approval, and the right to terminate the survey at any time. Participants who reviewed the consent form and indicated their consent were directed by a weblink to SurveyMonkey where they completed the survey. Accepted participants of the study completed an online survey that consisted of the

Complementary and Integrative Health Assessment for Practitioners, the Intrinsic Spirituality Scale, and a demographic and personal information questionnaire. At the completion of the survey, participants were directed to a thank-you page. Participants who did not complete the survey were able to exit the survey at any time.

At the completion of the survey, all paper and electronic files were stored on my password-protected computer, backed up on a USB drive, and placed in a secure lock box. I will securely erase all data from the study at the end of 5 years. I kept all participants anonymous and did not include any personal identifying information. I will share the results of the study with participants and the academic community on my website at the completion of the study. Participation in the survey was voluntary, and participants were free to withdraw consent and discontinue participation in the study at any time without penalty.

Instrumentation and Operationalization of Constructs

In my online survey, I used the Complementary and Integrative Health Assessment for Practitioners Scale (Berger & Johnson, 2017), the Intrinsic Spirituality Scale (Hodge, 2003), and a demographics and personal information questionnaire. In the demographics and personal information questionnaire, participants were asked to provide their age, license, years in practice, practice setting, the degree to which they specialize in providing services to clients with anxiety disorders, the types of anxiety disorders clients have most often that they treat, and the amount of training they have had in complementary and alternative approaches in counseling. Demographic variables including age, years in practice, training and education, and specialization were assigned

a nominal measurement to represent a categorical description of each participant. Scores from the Complementary and Integrative Health Assessment for Practitioners Scale and Intrinsic Spirituality Scale represented participants' opinions using a nominal ordinal interval ratio scale. For example, participants responses to the Complementary and Integrative Health Assessment for Practitioners Scale were measured by assigned numbers (1= *Strongly Disagree,* 2 = *Agree,* 3 = *Neither agree nor disagree*, 4 = *Agree,* 5 = *Strongly Agree*). An ordinal number was assigned to each possible answer to measure perceptions of participants. Data from these surveys helped to determine whether any of these independent variables predicted the use of complementary and alternative approaches in counseling by professional counselors for anxiety disorders.

The Complementary and Integrative Health Assessment for Practitioners Scale was used to assess practitioners' knowledge, perceptions, and integration of complementary therapies in their practices. The first author of this instrument granted permission to use the scale (see Appendix). Berger and Johnson (2017) identified complementary therapies that could be beneficial in counseling, such as mindfulness, meditation, somatic therapies, and emotional freedom techniques. Other complementary therapies such as biofeedback, breathwork, creative arts therapy, pet therapy, dreamwork, and hypnotherapy are considered complementary and alternative approaches (Fasce & Adrián-Ventura, 2020; Kassis & Papps, 2020; Liem, 2019; Ligorio & Lyons, 2018; Mattar & Frewen, 2020, National Center for Complementary and Integrative Health, 2021, Olagunju & Gaddey 2020). The Complementary and Integrative Health Assessment for Practitioners Scale addresses the overarching research question that

explored the relationship between counselors' (a) knowledge and perceptions, (b) intentional practice, and (c) openness toward complementary and alternative approaches in counseling practices and a willingness to integrate complementary and alternative approaches in counseling for anxiety disorders.

The Complementary and Integrative Health Assessment for Practitioners Scale is a 13-item self-assessment that is brief and efficient. In the initial development and validation of the instrument, participants included 493 counselors, counselor educators, human services professionals, and other health professionals. This instrument used a five-point Likert scale (1= *Strongly Disagree*, 2=*Agree*, 3=*Neither agree nor disagree*, 4=*Agree*, 5=*Strongly Agree*) to rate the level of agreement with each statement. Higher scores represented a greater willingness of practitioners to integrate complementary and integrative healthcare into their practices. Lower scores indicated practitioners are less likely to use complementary and integrative healthcare in their practices. Item 11 was reverse coded to account for increased validity within the scale. The Complementary and Integrative Health Assessment for Practitioners Scale contained two subscales that assessed openness towards complementary and integrative healthcare (items 4, 6, 7, 8, 9, 10, & 11) and intentional complementary and integrative healthcare practices (items 1, 2, 3, 5, 12 & 13). Openness toward complementary and integrative healthcare described counselors' desire to include complementary and integrative healthcare in treatment. Intentional complementary and integrative healthcare practice measured the degree of current integration of complementary and integrative healthcare practices and collaboration with other providers. The Complementary and Integrative Health

Assessment for Practitioners Scale showed good internal reliability of .92 using Cronbach's alpha. Discriminant validity showed a large significant correlation of Complementary and Integrative Health Assessment for Practitioners total scale with CAM Beliefs Inventory ($r = .584$, $p < .000$, $n = 171$). Two items are reverse scored (6 & 11) for additional item validity.

The Intrinsic Spirituality Scale (Hodge, 2003) was used to measure multiple attributes associated with spirituality. The author of this instrument granted permission to use the Intrinsic Spirituality Scale for this study. I used the Intrinsic Spirituality Scale to explore spirituality as a variable to assess counselors who use complementary and alternative approaches in their counseling practice. The Intrinsic Spirituality Scale is a 6-item self-assessment instrument that is short and takes little time to complete. In the initial development and validation of the instrument, participants included 172 university students enrolled in 40 different majors, with the majority of students enrolled in biology/pre-med, psychology, and sociology. This instrument used an incomplete sentence with a completion choice based on a scale ranging from 0 to 10. There are completion phrases at 0 and 10. Participants were asked to circle the number on the continuum that corresponded with their initial personal feeling in completing the statement. For example, question 2 states, "Growing spiritually is…" with a range from 10 ("more important than anything else in my life") to 0 ("of no importance to me"). A final score signified the sum of respondents' scores divided by six and placed in a zero to ten range. Scores closest to zero indicated spirituality is not a motivating factor in this individual's life. Scores closest to 10 indicated the individual was highly motivated by

their spirituality and that spirituality affects their personal growth, decisions, and other significant dimensions of their lives. The Intrinsic Spirituality Scale shows good validity and high reliability. It has an excellent internal consistency of .96 using Cronbach's alpha. Discriminant validity showed a high degree of correlation between the Intrinsic Spirituality Scale and the Allport and Ross (1967) Measure of Intrinsic Religion (r = .911, $p < .001$). A mean validity coefficient of 1.74 times the error measurement was found to be reasonably valid. The model was found to be a good fit for the data and all three measurements (factor loading, error variance, and R^2) were used to test concurrent validity.

Data Analysis Plan

Predictor variables of knowledge and attitudes about complementary and alternative approaches in counseling will come from the Complementary and Integrative Health Assessment for Practitioners Scale. Predictor variables of spirituality will come from the Intrinsic Spirituality Scale. The demographic survey will provide descriptive information regarding mental health counselors' experiences in using complementary and alternative approaches in counseling adults with anxiety disorders. Demographic predictor variables were gathered by asking participants to respond to the following prompts:

- In my current or past practice, I have treated clients with anxiety disorders (a) primarily; (b) often; (c) occasionally; (d) rarely; or (e) never.
- I have treated clients with the following anxiety disorders (mark up to 3 most frequently treated): social anxiety disorder (social phobia); panic disorder;

agoraphobia; generalized anxiety disorder; specific phobias; and separation anxiety.

- Approximately how much training have you had in complementary and alternative approaches to counseling? (a) No training; (b) Less than 3 months; (c) 3 to 12 months; (d) 1-3 years; or (e) more than 3 years.
- What is your licensure title as a counselor? LMHC, LPC or Other (please specify).
- How long have you been in practice? (a) Less than 1 year; (b) 1-3 years; (c) 3-5 years; (d) 5-10 years; (e) more than 10 years
- What is your age demographic? (a) 18-29; (b) 30-39; (c) 40-49; (d) 50-59; (e) 60+; (f) prefer not to answer
- Please describe your practice type: (a) private practice; (b) hospital setting; (c) mental health agency; (d) group practice; (e) involuntary hold facility; (f) Other: please specify.

I presented a summary of descriptive statistics for demographic information in a table identifying number of participants and percentage rate. Results from both online surveys were analyzed using IBM SPSS Statistics (Version 27) predictive analytics software. I checked data accuracy to screen for errors visually and through the data screening process in SPSS. The hypotheses were tested using multiple regression analysis to answer the three research questions. The following eight assumptions were checked for reliability and validity in the Multiple Regression (Laerd Statistics, 2013):

- Assumption #1: There is a continuous dependent variable.

- Assumption #2: There are two or more independent variables.
- Assumption #3: There should be independence of observations.
- Assumption #4: There is a linear relationship between (a) the dependent variable and each of the independent variables, and (b) the dependent variable and the independent variables collectively.
- Assumption #5: The scatterplot needs to show homoscedasticity.
- Assumption #6: The data must not show multicollinearity.
- Assumption #7: There should be no significant outliers, high leverage points or highly influential points.
- Assumption #8: Residuals need to be checked for normal distribution.

The first two assumptions were met at the onset of analysis. Since all assumptions were met, I determined that multiple regression was an appropriate method of analysis. If assumptions were not met, I would have reconsidered a different statistical analysis method. Results were interpreted from generated tables in SPSS containing a report of the multiple regression analysis. I used SPSS in the process of screening and cleaning quantitative data gathered to check for missing values, outliers, validity and reliability of measures and violations of underlying assumptions. I removed incomplete surveys from the study.

Data was gathered to answer the following research questions:

- Research Question 1: Do the following variables, individually or in combination with each other, predict the knowledge about and perceptions of complementary and alternative approaches in counseling: (a) the

spirituality of the mental health professionals, (b) the degree to which mental health professionals specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health professionals treat, (d) the amount of training mental health professionals have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

- Research Question 2: Do the following variables, individually or in combination with each other, predict the intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health professionals, (b) the degree to which mental health professionals specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health professionals treat, (d) the amount of training mental health professionals have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?
- Research Question 3. Do the following variables, individually or in combination with each other, predict the openness of mental health professionals to the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health professionals, (b) the degree to which mental health professionals specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have

most often that mental health professionals treat, (d) the amount of training mental health professionals have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

Threats to Validity

External Validity

External validity is concerned with the generalizability of a study based on the inferences drawn from a study's sample (Khorsan & Crawford, 2014). One major threat to external validity was selection bias, which occurs when the selection of participants might be different if the entire population were included in the selection. Selection bias leads to concerns for generalizability. I used convenience sampling because of time efficiency and simplicity for my study. While a large number of participants may provide rich information, convenience sampling will not produce results representative of the entire population of counselors and other practitioners.

Response bias could have been a threat to external validity. There was a possibility that only counselors who support alternative and complementary approaches would participate in the study or complete the survey. This was not true since the results of the Complementary and Integrative Health Assessment for Practitioners indicated a wide variety of counselors' support for complementary therapy. Complementary and alternative approaches may vary between new counselors and seasoned counselors. Response bias may have affected generalizability since it did not reflect the whole of the profession.

Internal Validity

Researcher bias and experimental mortality were two potential threats to internal validity in this study. Experimental mortality refers to participants who may drop out or choose to stop participating at some point in the study. Participants who withdrew during the study may have created a threat to internal validity (Laerd Statistics, 2013.). Participant who withdrew from the study or submitted incomplete surveys were eliminated from the study to protect internal validity. Another threat to internal validity may have been researcher bias. Throughout a study, a researcher must avoid cognitive bias and avoid drawing incorrect conclusions. As a professional counselor, I adhere to using complementary and alternative approaches in counseling. I was mindful of the necessity for objectivity in this research and did not allow my beliefs or values relating to the choice of counseling approaches to cloud my objectivity.

Construct Validity

Construct validity refers to measuring what the scale is intended to measure. The Complementary and Integrative Health Assessment for Practitioners Scale showed good reliability and validity and was used to measure practitioners' knowledge, perceptions, and integration of complementary therapies in their practice. This measurement was useful in gathering data related to the research questions predicting (a) knowledge and perceptions, (b) intentional practices, and (c) openness of mental health counselors to use complementary and alternative approaches in counseling.

The Intrinsic Spirituality Scale measured the extent to which spirituality was a motivation for counselors to use complementary and alternative approaches in their

counseling practice. It was an appropriate scale for this study that explored the variable of counselors' spirituality. The Intrinsic Spirituality Scale explored spirituality as a variable for counselors to be more likely to use complementary and alternative approaches in their counseling practice.

Ethical Procedures

I obtained permission for this study from the IRB of Walden University to ensure ethical research and safety for human subjects. Walden University's approval number for this study was #10-22-21-0482066 and expires on October 21, 2022. I treated all participants with the highest level of respect for personal choice. I adhered to all legal and ethical standards relevant to data collection and recruitment activities for this study set forth by the IRB, U.S. federal regulations, state laws, and guidelines of the ACA (2014). I provided research participants with descriptive information of the study. I informed them that this study was voluntary, and that they had the option to stop participating at any time. I honored the participants' privacy by keeping their identity confidential in accordance with IRB requirements. This confidentiality excluded participants' names or any other personal information that could identify the participants throughout the study. I used demographic and personal information for the sole purposes of this study. I kept data securely on my personal computer with a double security password. I stored data on a backup disk and kept it in a securely locked storage box at my residence. I will dispose of data at the completion of the five-year protocol. Another ethical issue that I adhered to was awareness of personal bias, such as conflict of interest in working with counselors who do not consider complementary and alternative approaches in counseling to be

beneficial. I monitored my opinions and did my best to reduce bias by using self-checks of personal beliefs and attitudes throughout the process.

Summary

In this chapter, I described why quantitative survey research is the most appropriate design to answer the research questions in this study. The CIHAP Scale and the ISS Scale provided data to identify counselors' knowledge, attitudes, and beliefs about using complementary and alternative approaches in counseling for anxiety disorders. A demographic survey provided personal data of counseling experience and training in complementary and alternative approaches in counseling. In the methodology section of this chapter, I explained the population as licensed counselors and practitioners who currently provide counseling for anxiety disorders. Participants were chosen using a non-probability method of convenience sampling. Participants were recruited from a national counseling association, Walden University's survey participant pool, professional counseling organizations, and private practices. The independent variables gathered from participants' demographic information included age, anxiety disorders treated, degree and license, years in practice, training and education, practice setting, and specialization. I performed this study in compliance with Walden University's IRB to ensure ethical procedures and safety for human subjects. In Chapter 4, I discuss findings from this research project and results.

Chapter 4: Results

The purpose of this study was to examine whether five variables predicted (a) the knowledge of mental health counselors about the use of complementary and alternative approaches in counseling, (b) the perceptions of mental health counselors about the use of complementary and alternative approaches in counseling, or (c) the openness of mental health counselors to the use of complementary and alternative approaches in counseling. The five variables included (a) their spirituality, (b) the degree to which they specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders they often treat, (d) the amount of training they have had in complementary and alternative approaches in counseling, and (e) their professional identities. The research questions were designed to answer whether the variables predicted the knowledge and perceptions of complementary and alternative approaches, the intentional use of complementary and alternative approaches, and the openness of mental health professionals to use of complementary and alternative approaches.

In this chapter, I will discuss the data collection process and generalizability of the sample to the larger population of counselors. The data collection information includes the time frame for the collection of data and recruitment and response rates. I will also describe baseline descriptive and demographic characteristics of the sample. Finally, I will present a summary of the results of the study.

Data Collection

Once the IRB approved this study, I posted recruiting emails and flyers online to the Anxiety and Depression Association of America and the Walden participant pool. I

used Psychology Today to find licensed counselors that met the criteria for the sample. Some counselors listed a link to their website, but few counselors provided a direct email address. I then searched e-counseling.com and found an extensive list of counselors whose profiles included licensure status, location, practice information, and email addresses. I sent 650 email messages to licensed counselors in all 50 states from October 25, 2021, through November 22, 2021. The email message consisted of an introductory summary and hyperlink to the consent form and online survey. A total of 167 respondents consented and participated in the survey. The participation percentage or return rate was 26%. When it came time to analyze the data, I removed the incomplete responses of 28 participants and completed the study using the data collected from 139 licensed counselors.

I revised research questions from the initial proposal of this dissertation to reflect the exact wording from the authors of the CIHAP Scale and to clarify the dependent variables addressed in the study (Berger & Johnson, 2017). In research question 1, I changed "knowledge and perceptions" to "knowledge about and perceptions of" mental health counselors use of complementary and alternative approaches. In research question 2, I changed "perceptions" to "intentional complementary and integrative healthcare practices" to reflect subscale 1 of the CIHAP scale. Intentional practices assess practitioners' current integration of complementary and integrative healthcare approaches and collaboration with similar practitioners.

Baseline Descriptive and Demographic Characteristics of The Sample

Characteristics of the sample included age range, years in practice, practice type,

anxiety disorders treated, years of experience, and training in complementary and alternative therapies. Convenience sampling was effective at recruiting a large number of counselors who met the criteria for the study over a brief time period. The findings of this study can only be generalized to the population from which the sample was drawn and not to the entire population of all mental health counselors. This study provided key information of licensed counselors who provide therapy for adults with anxiety disorders, but the generalizability of findings is limited.

Descriptive Statistics

I used a non-probability method of convenience sampling to identify participants who fit into the criteria for this study. Participants included counselors in mental health who are licensed and are actively counseling or have counseled individuals diagnosed with anxiety disorders. The majority of participants fell within the age range of 30-39 (27.3%). This parallels statistics showing that the average age of mental health counselors is between 40 and 44 years old (Data USA, 2019; Zippia, 2021).

I measured professional identity by licensure and years in practice. Data showed the largest number of participants work in private practice (79.1%). It is estimated that mental health professionals are more likely to work in outpatient mental health centers and private practice (U.S. Bureau of Labor Statistics, 2021; Zippia, 2021). Other counselors reported practice types including integrated behavioral health, nonprofit, combined hospital and private practice, residential program, contract work for online therapy, combined agency, private practice, child welfare, employee assistance programs, and alcohol and drug treatment centers. All participants were LPCs identifying as LMHC,

licensed clinical mental health counselor, LPC, licensed clinical professional counselor, licensed professional clinical counselor, or LMHP. According to the ACA (2022), these credential titles are used to identify professional counselors and vary by state. Several counselors had multiple titles and licensures, and some counselors held licenses in more than one state.

Further, most of the counselors reported more than 10 years in practice (36%). With client needs for mental health counseling increasing and the counseling job outlook quickly rising, counselors have an abundance of opportunities to grow their professional identity, expand their practice, and increase their expertise, knowledge, and skills (U.S. Bureau of Labor Statistics, 2021; Counseling Today, 2021). See Table 2 for a complete list of demographic characteristics for the sample.

Table 2

Demographic Statistics

Variable	*n*	%
Age		
18–29	9	6.5
30–39	38	27.3
40–49	37	26.6
50–59	26	18.8
60+	21	15.2
Prefer not to answer	7	5.1
Missing	1	
Years in practice		
Less than a year	2	1.4
1–3 years	14	10.1
3–5 years	24	17.3
5–10 years	49	35.3
More than 10 years	50	36
Practice type		
Private practice	110	79.1
Hospital setting	1	0.7
Mental health agency	6	4.3
Group practice	12	8.6
Other	10	7.2
Licensure title		
LMHC	39	28.1
LPC	61	43.9

Other	39	28.1

Independent and Dependent Variables

The dependent variables were (a) knowledge about and perceptions of mental health counselors' use of complementary and alternative approaches in counseling, (b) intentional complementary and integrative healthcare practices, and (c) openness of mental health counselors to the use of complementary and alternative approaches in counseling. Knowledge about and perceptions of complementary and alternative approaches in counseling was measured using total scores from the CIHAP Scale (M = 47.67, SD = 8.86, n = 139). I measured intentional practices using scores from the CIHAP subscale 1 (M = 22.90, SD = 3.775, n = 139). I measured openness using scores from the CIHAP subscale 2 *(M = 20.76, SD = 4.096, n = 139)*.

The five independent variables were spirituality, specialization, top three anxiety disorders treated, years in practice, and training. I measured spirituality using total scores from the ISS Scale (M = 36.38, SD = 16.33, N = 139). I measured specialization by responses to Question 2: "I have treated clients with anxiety disorders: (a) primarily, (b) often, (c) occasionally, (d) rarely, (e) never." I measured anxiety disorders treated by the response to Question 3, which was posed as a checkbox response indicating which anxiety disorders counselors treated. In order to use this data and answer the research questions, I identified the top three anxiety disorders clients have most often that are treated by professional counselors:

1. Social anxiety disorder
2. Generalized anxiety

3. Panic disorder

Social anxiety disorder affects 6.8% of the U.S. population. Generalized anxiety disorder affects 3.1% of the U.S. population. Panic disorder affects 2.7% of the U.S. population. (Anxiety & Depression Association of America, 2020; Bandelow et al., 2017; Eaton et al., 2018). I divided the group of respondents into two groups: (a) participants who indicated that they most frequently treated the top three anxiety disorders (65.5%), and (b) those who did not indicate that they treated the top three anxiety disorders (35.5%). I measured training and education by responses to Question 4: "Approximately how much training have you had in complementary and alternative approaches in counseling?" See Table 3 for descriptive statistics of the independent variables.

Table 3

Descriptive Statistics for Independent Variables

Variable	*n*	%
I have treated clients with anxiety disorders…		
Primarily	56	40.3
Often	79	56.8
Occasionally	4	2.9
Rarely	0	0
Never	0	0
Anxiety disorders treated		
Social anxiety disorder	123	88.0
Panic disorder	137	98.6
Generalized anxiety disorder	100	71.9
Counselors who treated all 3 anxiety disorders	91	65.5
Counselors who did not indicate they treated all 3 anxiety disorders	48	35.5
Training in complementary & alternative		
no training	26	18.7
less than 3 months	24	17.3
3-12 months	21	15.1
1-3 years	29	20.9
more than 3 years	39	28.1

Study Results

Research Question 1

Do the following variables, individually or in combination with each other, predict the knowledge about and perceptions of complementary and alternative approaches in counseling: (a) the spirituality of the mental health professionals, (b) the degree to which mental health professionals specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health professionals treat, (d) the amount of training mental health professionals have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

I conducted a multiple regression to predict knowledge about and perceptions of complementary and alternative approaches in counseling. There was linearity as assessed by partial regression plots and a plot of studentized residuals against the predicted values. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.943. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals greater than ±3 standard deviations, no leverage values greater than 0.2, and no values for Cook's distance above 1. The assumption of normality was met, as assessed by a Q-Q Plot.

The multiple regression *model was statistically significant in* predicting knowledge about and perceptions of mental health counselors use of complementary and

alternative approaches in counseling, $F(5, 135) = 11.218$, $p < .05$, adj. $R^2 = .275$. R^2 for the overall model was 30% with an adjusted R^2 of 28%, a medium size effect, according to Cohen (1988).

All five variables in combination with each other added statistical significance to the prediction. Three of the five variables (spirituality, specialization, and training) individually added statistical significance to the prediction. Counselors who had higher spirituality scores had higher knowledge and perceptions scores for their use of complementary and alternative approaches in counseling. Spirituality predicted higher levels of use of complementary and alternative approaches in counseling. Counselors whose specialization was treating clients with anxiety disorder often and primarily had higher knowledge and perception scores for their use of complementary and alternative approaches in counseling. Counselors who reported having more than three years in training in complementary and alternative approaches in counseling had higher knowledge and perception scores for their use of complementary and alternative approaches in counseling. Regression coefficients are listed in Table 4.

Table 4

Multiple Regression Results for Knowledge and Perceptions

Knowledge & Perceptions	*B*	95% CI for B *LL*	*UL*	*Sig.*	*SE B*	*β*	R^2	Adj. R^2
Model				.000			.301	.275
Constant	36.474	30.391	42.556	.000				
Spirituality	.162	.083	.241	.000*	.040	.334		
Prof ID: Years in Practice	-1.136	-2.313	.040	.058	.595	-.146		
Specialization	3.037	.857	5.216	.007*	1.18	.189		

Top 3	.453		2.070	.723		.027
Disorders			2.976		1.275	
Training	1.406	.529		.002*	.443	.262
		2.282				

Note. Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = Confidence interval; LL = lower limit; UL = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination; Adj. R^2 = Adjusted R^2. *$p < .01$; Prof ID = Years in practice; Spirituality = ISS total scores; Top 3 Disorders = most common anxiety disorders treated are social anxiety, Generalized anxiety, and panic.

Research Question 2

Do the following variables, individually or in combination with each other, predict the intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health professionals, (b) the degree to which mental health professionals specialize in providing services to clients with anxiety disorders, (c) the types of anxiety disorders clients have most often that mental health professionals treat, (d) the amount of training mental health professionals have had in complementary and alternative approaches in counseling, (e) the professional identity of the mental health professional?

I conducted a multiple regression to predict the intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling (subscale 1 questions). There was linearity as assessed by partial regression plots and a plot of studentized residuals against the predicted values. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.71. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values.

There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals greater than ±3 standard deviations, no leverage values greater than 0.2, and values for Cook's distance above 1. The assumption of normality was met, as assessed by a Q-Q Plot.

The multiple regression model showed statistical significance in predicting the intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling, $F(5, 134) = 11.63$, $p < .001$, adj. $R^2 = .284$. R^2 for the overall model was 31% with an adjusted R^2 of 28%, a medium effect size according to Cohen (1988). All five variables in combination with each other added statistical significance to the prediction. Spirituality, years in practice, specialization and training individually added statistical significance to the prediction. Counselors who had higher spirituality scores had higher CIHAP subscale 1 scores, representing intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling. Training predicted the most significant CIHAP subscale 1 scores indicating participants are intentional about integrating complementary and alternative modalities into their skill set. Counselors whose specialization was treating clients with anxiety disorder often and primarily had high CIHAP subscale 1 scores indicating these counselors' are already integrating complementary and alternative approaches in treating anxiety disorders. Counselors whose professional identification included more years in practice had higher CIHAP subscale 1 scores reflecting counselors' ongoing intentional use of complementary and integrative approaches into their practice. Regression

coefficients and standard errors are listed in Table 5.

Table 5

Multiple Regression Results for Intentional Complementary and Integrative Approaches

	B	95% CI for B *LL*	*UL*	*Sig.*	*SE B*	*β*	R^2	Adj. R^2
Model				.000			.311	.284
Constant	14.617	11.438	17.796	.000				
Spirituality	.070	.074	.24	.001*	.042	.308		
Prof ID: Years in Practice	-.613	-1.220	-.006	.048*	.307	-.151		
Specialization	1.556	.405	2.706	.008*	.582	.198		
Top 3 Disorders	.388	-.911	1.686	.556	.656	.044		
Training	9.56	.508	1.405	.000*	.227	.340		

Note. Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = Confidence interval; LL = lower limit; UL = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination; Adj. R^2 = Adjusted R^2. *$p < .01$, **$p < .05$; Prof ID = Years in practice; Spirituality = ISS total scores; Top 3 = most common anxiety disorders treated are social anxiety, Generalized anxiety, and panic.

Research Question 3

Do the following variables, individually or in combination with each other, predict the openness of mental health professionals to the use of complementary and alternative approaches in counseling: (a) the spirituality of the mental health professionals; (b) the degree to which mental health professionals specialize in providing services to clients with anxiety disorders (c) the types of anxiety disorders clients have most often that mental health professionals treat; (d) the amount of training mental health professionals have had in complementary and alternative approaches in counseling; (e) the professional identity of the mental health professional?

I conducted a multiple regression to predict the openness of mental health professionals to the use of complementary and alternative approaches in counseling.

There was linearity as assessed by partial regression plots and a plot of studentized residuals against the predicted values. There was independence of residuals, as assessed by a Durbin-Watson statistic of 1.958. There was homoscedasticity, as assessed by visual inspection of a plot of studentized residuals versus unstandardized predicted values. There was no evidence of multicollinearity, as assessed by tolerance values greater than 0.1. There were no studentized deleted residuals greater than ±3 standard deviations, no leverage values greater than 0.2, and values for Cook's distance above 1. The assumption of normality was met, as assessed by a Q-Q Plot.

The multiple regression model was statistically significant in predicting openness of mental health professionals to the use of complementary and alternative approaches in counseling, $F(5, 132) = 5.797$, $p < .001$, adj. $R^2 = .154$. R^2 for the overall model was 19% with an adjusted R^2 of 15%, a low size effect according to Cohen (1988). All five variables in combination with each other added statistical significance to the prediction. Spirituality and training individually added statistical significance to the prediction. Counselors who had higher spirituality scores had higher CIHAP subscale 2 scores indicating they were more open to the use of complementary and alternative approaches in counseling. Spirituality predicted the most significant CIHAP subscale 2 scores which suggests a connection between a counselor's personal spiritual beliefs and openness to integrate complementary and alternative approaches in their practice. Counselors who reported having more than three years in training in complementary and alternative approaches in counseling had higher CIHAP subscale 2 scores indicating the willingness of counselors' to learn more about the benefits of complementary and alternative

approaches in counseling. Regression coefficients and standard errors can be found in Table 6.

Table 6

Multiple Regression Results for Openness of Mental Health Professionals to the Use of Complementary and Alternative Approaches in Counseling

	B	95% CI for B *LL*	*UL*	*Sig.*	*SE B*	*β*	R^2	Adj. R^2
Model				.000			.186	.154
Constant	18.368		15.168 1.568					
Spirituality	.070	.029 .112		.001*	.021	.297		
Prof ID: Years in Practice	-.334	-.951	.283	.285	.312	-.089		
Specialization	.978	-.187 2.144		.099	.589	.135		
Top 3 Disorders	.260	-1.057 1.577		.697	.666	.032		
Training	.453	-.001	.904	.050*	.229	.175		

Note. Model = "Enter" method in SPSS Statistics; *B* = unstandardized regression coefficient; CI = Confidence interval; LL = lower limit; UL = upper limit; *SE B* = standard error of the coefficient; β = standardized coefficient; R^2 = coefficient of determination; Adj. R^2 = Adjusted R^2. *$p < .05$; Prof ID = Years in practice; Spirituality = ISS total scores; Top 3 Disorders = most common anxiety disorders treated are social anxiety, generalized anxiety, and panic.

Results from the CIHAP Scale indicated 62% of participants agreed that complementary therapies added value to their professional practice and 45% of participants have integrated at least one complementary therapy into their professional practice. More than half of the participants believe complementary therapies can be beneficial to clients with mental health ailments (59.7%) and 43% of participants felt that their professional practice has been enriched by learning about and incorporating complementary therapies into their work. These results supported research that suggests knowledge about and perceptions of complementary and alternative therapy in counseling

guides professional counselors' use of complementary and alternative therapy in their practice (Berger, 2011; Kassis & Pappa, 2020; Liem, 2019). See Table 7.

Table 7

Results of CIHAP Scale in Percentages

Question #	Subscale	Strongly Disagree	Disagree	Neither Agree nor Disagree	Agree	Strongly Agree
I plan to learn at least one complementary therapy to integrate into my professional practice in the next year	1	9.93	12.06	20.57	31.21	26.24**
I have integrated one complementary therapy practice into my professional practice to date	1	9.22	8.51	3.55	33.33	45.39**
I work hard to network and build relationships with complementary therapy providers in my local community	1	8.51	17.02	29.79**	26.24	18.44
Integrating complementary therapy is one way to facilitate mind-body-spirit wellness	2	7.09	2.13	3.55	34.75	52.48**
I plan to integrate at least one complementary therapy into my personal health practice	1	5.67	4.26	14.89	29.08	46.10**
I believe that complementary therapies do not add anything of value to my professional practice*	2	61.70**	25.53	4.96	2.84	4.96
I believe complementary therapies can be beneficial to clients with mental health ailments	2	2.84	2.86	3.57	32.14	58.57**
I believe complementary therapies can be beneficial to clients with medical health ailments	2	2.86	2.86	5.71	32.14	56.43**
I would recommend complementary therapies to a client facing a major mental health ailment	2	4.26	2.13	12.06	34.06	47.52**
I would recommend complementary therapies to a client facing a major medical health ailment	2	4.26	2.13	16.31	34.75	42.55**
I do not feel the need to collaborate with complementary therapy providers in my professional practice*	2	25.53	46.84**	19.15	4.26	4.26
I have seen clients improve faster when they used a complementary therapy along with conventional health practices	1	5.67	3.55	22.70	43.97**	24.11
I feel that my professional practice has been enriched by learning about and incorporating complementary therapies into my work	1	5.67	1.42	14.89	43.97**	34.04

Subscale 1 = Intentional practices; Subscale 2 = Openness; *Represents reverse-coded items;**Represents highest score value

Spirituality

Hodge (2003) indicated the respondents' level of intrinsic spirituality is analyzed by taking the sum of all participants' scores on the six items and dividing them by six. The total number can range from zero to ten. In this study, a score of zero represents a counselor who does not recognize spirituality as a motivating factor in their life. Additionally, a score of ten indicates a counselor who is fully motivated by their spirituality. This study suggests counselors' level of intrinsic spirituality was moderately significant, showing spirituality is a motivating factor for using complementary and alternative approaches in counseling (M=6.012, SD=2.765, Min=1, Max=8, n=139). This supports previous research that spirituality is a key factor in the integration of complementary and alternative approaches in counseling (Foster, 2006; Kassis & Papps, 2020; Latorre, 2000, Zörgo, 2018).

Summary

In Chapter 4, I restated the purpose of this study, research questions, and hypotheses. I described the collection process and discussed generalizability of the sample. I presented descriptive statistics and tables to represent data collected from the survey. I provided results of the study including exact statistics and confidence intervals and indicated how my results supported previous research.

In summarizing the results of this study, I found the multiple regression model was statistically significant for all three research questions ($p < .05$). Results of this study indicate the five variables of professional identity, spirituality, specialization, anxiety disorders treated, and training, individually and in combination with each other predicted:

(a) knowledge about and perceptions of mental health counselors use of complementary and alternative approaches in counseling, (b) the intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling, and (c) openness of mental health professionals to the use of complementary and alternative approaches in counseling. Overall, spirituality and training individually added statistical significance to all three predictions. Training was the most statistically significant variable in answering research question 2 regarding intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling. Spirituality was the most statistically significant variable in answering research question 3 regarding openness of mental health professionals to the use of complementary and alternative approaches in counseling.

In Chapter 5, I will summarize and interpret key findings, present limitations of the study, provide recommendations for further research, and discuss implications for positive social change and recommendations for future practice.

Chapter 5: Discussion, Conclusions, and Recommendations

I conducted this study to address the limited mental health treatments for individuals with anxiety disorders and the need to integrate complementary and alternative approaches in counseling. Literature supports the assertion that mental health professionals are more willing to integrate complementary therapies into their practice when they are more knowledgeable and aware of complementary and alternative approaches (Berger, 2011; Hsiao et al., 2006; Nichols, 2015). The purpose of this study was to explore whether the five independent variables of spirituality, specialization, types of anxiety disorders treated, training and education, and professional identity, individually or in combination with each other, predict counselors' use of complementary and alternative approaches in counseling for anxiety disorders.

I performed multiple regression analyses for each of the three research questions. All five variables in combination with each other were found to be statistically significant in answering all three research questions. After I examined these variables individually, results showed that spirituality, specialization, and training positively predicted knowledge about and perceptions of complementary and alternative approaches in counseling (Research Question 1); spirituality, professional identity, specialization, and training positively predicted the intentional complementary and integrative healthcare practices of mental health professionals about the use of complementary and alternative approaches in counseling (Research Question 2); and spirituality and training positively predicted the openness of mental health professionals to the use of complementary and alternative approaches in counseling (Research Question 3). Spirituality and training

were found to be individually statistically significant in all three regression analyses. I was interested to discover that the type of anxiety disorders treated had no statistical significance as an individual variable in any of the three regressions.

Interpretation of Findings

The results of this study suggest that the five variables in combination with each other have a positive influence on a counselor's use of complementary and alternative approaches for treatment of individuals with anxiety disorders. Results of the survey suggest that counselors who treat clients with anxiety disorders are integrating complementary therapy into their professional practices and plan to integrate at least one complementary therapy into their personal health practices. This finding supports previous research findings that have shown that mental health practitioners use alternative therapies personally and in their practice (Berger, 2011; Kassis & Papps, 2020; Liem, 2019; Ligorio & Lyons, 2019). Additionally, the results of this study align with research that has suggested that mental health professionals in the United States and worldwide are increasing their awareness and openness to the use of complementary and alternative approaches in counseling (Liem, 2019; Mattar & Frewen, 2020).

Spirituality

The results of this study affirm that spirituality positively influences counselors' use of complementary and alternative approaches in counseling and supports the conceptual framework of the integrative mental health model (Lake, 2009). More than 60% of participants in this study reported a connection with spirituality and spirituality was a statistically significant variable ($p < .01$) in all three regression analyses. The

integrative mental health model involves the integration of complementary and alternative approaches in counseling and supports spirituality as a complementary and alternative approach to benefit individuals diagnosed with anxiety disorders (Sarris et al., 2014).

Professional Identity

Existing definitions of professional identity are inconsistent and lack a clear definition (Woo et al., 2014). For this study, I defined professional identity using "years in practice" as it was characteristic of experience and validated the ongoing commitment and engagement of professional counselors. A total of 50 respondents stated they had more than 10 years in practice and 49 stated they had between 5 and 10 years in practice. All respondents held degrees and licenses and most participants stated they were in private practice (n = 110). Several counselors held multiple licensures across various states. Some respondents held doctoral degrees and others held master's degrees in counseling. The ages of participants ranged from 18 to 60+ and (seven respondents preferred not to provide their ages).

Specialization and Anxiety Disorders Treated

Counselors who chose a specialization often do so to provide a higher level of diverse and creative approaches in counseling and to enhance their professional identity (ACA, 2022). Participants in this study indicated that they have treated anxiety disorders often (79, 56.8%) and primarily (56, 40.3%) suggesting that their specialization is treating anxiety disorders. A crosstabulation in SPSS indicated the proportion of counselors who indicated they have treated anxiety primarily also often agreed that their

professional practice has been enriched by learning about and incorporating complementary therapies into their work.

Anxiety Disorders Treated

A multiple regression analysis showed the variable of types of anxiety disorders treated was not statistically significant in any of three regression analyses, which led to accepting the null hypothesis. However, all variables in combination with each other showed the model was statistically significant. Results indicate that specifying which anxiety disorders counselors treat does not predict the counselor's use of complementary and alternative approaches for treatment of individuals with anxiety disorders.

Training and Education

Training and education were statistically significant for my three research questions ($p < .01$). A total of 20% of all participants indicated they had training in complementary and alternative approaches. This data may be an indication that newer counselors as well as experienced counselors are incorporating training in complementary and alternative approaches in their practice. Training increases opportunities for counselors to provide a wider range of counseling options for adults with anxiety disorders. These findings help to understand the growth in the mental health counseling field and may positively lead to social change as the needs of clients continue to evolve. Organizations including The National Center for CAM (2002) support research, education, and training to help increase knowledge about complementary and alternative approaches in counseling and integrate more options for treatment in mental health counseling.

Limitations of the Study

Response Rate

A total of 167 respondents agreed to the terms of the survey and participated in answering questions. There were 28 respondents who began but did not complete the survey and their responses were eliminated from the study. I closed the study after reaching the required number of participants. A larger sample size may have increased the validity and generalizability of the study. This study used a sample of counselors whose contact information was obtained from a variety of sources. As a result, the participants do not reflect the characteristics of all professional counselors in mental health. Since the survey was anonymous, it was impossible to know which counselors responded from emails or organizations where I posted the invitation to participate.

Professional Identity

Professional identity is not easily measured or defined. In this study, professional identity was measured by years in practice. This variable could have been measured in many ways. Puglia (2008) proposed that professional identity includes counseling philosophy, professional engagement, and professional licensure and certification (Woo et al., 2014). Insight, counseling philosophy, and personal reflection are vital elements of becoming a successful counselor. More information about this variable could have been collected using a qualitative or mixed methods study.

Spirituality

A total of 139 respondents completed the entire survey, and 29 respondents completed everything except the Intrinsic Spirituality Scale. One participant sent an email

stating some questions in the ISS Scale were confusing. I can only speculate on other reasons that might explain why respondents did complete the survey. One possibility is that sharing personal views of spirituality can be difficult for some people. People may be struggling with their own spirituality. Some may feel spirituality is not well defined or may be too controversial. However, the 139 participants who did complete the Intrinsic Spirituality Survey indicated they were motivated by their spirituality in using complementary and alternative approaches in counseling. Results of this study agree with previous research that spirituality affects counselors' personal growth, decisions, and other significant dimensions of their lives (Foster, 2006; Kassis & Papps, 2020; Latorre, 2000, Zörgo, 2018).

Demographic and Personal Information Questionnaire

In one of the demographic and personal information questions, I asked participants to check boxes of anxiety disorders treated. Participants were instructed to mark up to 3 and to indicate which disorders they most frequently treated. The data I collected would have been more complete if I had used multiple choice or yes/no responses rather than a checkbox. This variable proved to have no statistical significance in any of the three regressions. Changing how the question was presented most likely would not have affected the outcome.

Other information might have been helpful from the demographic and personal information questionnaire. In recruiting participants, I emailed counselors in every state but did not ask for their geographic location on the questionnaire. Since state regulations differ, it may have been beneficial to know the counselor's geographic location. It might

also have been beneficial to ask counselors to disclose gender, race, or ethnicity. Cultural characteristics can be helpful in learning about a counselor's professional identity. For example, surveys show that there are more female counselors than male counselors in the United States (Data USA, 2019; U.S. Bureau of Labor Statistics, 2021; Zippia, 2021). Future research may also benefit from information that reflects more recent categories of gender identification including masculine, feminine, neutral, third gender, non-binary, agender, and transgender. More information in these areas could have been insightful and might have increased the generalizability of the study.

Participants

This study had several limitations regarding participants. Since this was a self-assessment, I can only assume that participants answered honestly throughout the survey. Some responses, such as those on the ISS Scale, were most likely honest at the time respondents completed the survey, but may change over time since spirituality is an ongoing process in the personal lives of individuals. Only LMHCs and professional counselors were recruited for this study. Opening the study to social workers, marriage and family therapists, and psychologists would have broadened the responses of the study and increased generalizability to all categories of mental health professionals. However, each of the mental health professionals other than counselors are trained uniquely in their respective fields. By using only professional mental health counselors, the study is directly connected to the field of mental health counseling and increases the richness of information and generalizability to this category of mental health professionals.

Recommendations

For the purposes of this study, I included participants who were LPCs. I would recommend another study that would include licensed social workers, marriage and family therapists, and psychologists. It would also be beneficial to include gender in the demographic information collected to explore whether women or men were more likely to use complementary and alternative approaches in counseling.

In my literature review I could not find earlier quantitative research studies of LMHCs who use complementary and alternative approaches for treating individuals with anxiety disorders. Many researchers have explored CAM in treating anxiety disorders, but few researchers have explored complementary and alternative approaches in counseling specifically in treating anxiety disorders. Future researchers should explore further how all mental health professionals integrate complementary and alternative approaches for treating anxiety disorders in their practices.

More information could be gathered from a mixed methods approach as it could add a qualitative component in conjunction with a quantitative assessment. In addition to survey research, future research could use interviews and focus groups to address the topics explored in this study. Since spirituality was such a significant component in the results of this study, it would be beneficial to explore the relationship between spiritualty of mental health professionals and their use of complementary and alternative approaches in a qualitative study. This study took place during a global pandemic of COVID-19 when in-person interviews would have been challenging. Future research could take place when data could be gathered in person through workshops, conferences, and personal

interviews.

This study included LPCs in the mental health field. It would be helpful to see how students and counselors in training feel about using complementary and alternative approaches in counseling. Further study is needed in the exploration of training and education as well as supervision on this topic. It would also be interesting to perform this study with a multicultural component. For example, how counselors working with a specific cultural identity such as Native Americans, transgender people, individuals with disabilities, or people who serve or have served in the military, use complementary and alternative therapy in their practice could be explored in a future study.

Implications

This study supports the increasing necessity for mental health counselors to provide complementary and alternative approaches in counseling to meet the evolving needs of clients in treating anxiety disorders. The literature supports the growing need of individuals who wish to actively engage in complementary and alternative approaches in counseling treatments for anxiety disorders (Anxiety and Depression association of America, 2020; Barnes et al., 2008; Berger, 2011; Bystritsky et al., 2012; de Jonge et al, 2018; Olagunju & Gaddy, 2020). The literature review from this study supports the need for counselors who treat anxiety disorders to be knowledgeable and open to providing more treatment options beyond mainstream practices in counseling.

Results of this study suggest that spirituality as well as training and education are statistically significant variables in predicting the use of complementary and alternative approaches in counseling adults with anxiety disorders. The results of this study

suggested a number of actions that professionals might consider using to effect positive social change in treating clients with anxiety disorders. Actions that could be taken include the following: (a) providing new opportunities and professional growth for counselors in training to learn more about alternative therapies in counseling, (b) enhancing the counseling practice by integrating complementary and alternative approaches for treating anxiety disorders, (c) professional counselors specializing in the treatment of anxiety disorders using alternative therapies, (d) supervising counselors in training using new and updated approaches in counseling while helping them to focus on their professional development, and (e) working together with other counseling professionals to incorporate a more integrative model of counseling. These results imply that there is a need for mental health professionals to continue their education of new and emerging approaches in counseling.

Using the Integrative Mental Health model, counselors would benefit from networking with likeminded counselors to discuss community-based approaches. Some examples effecting positive social change might include presentations on awareness and treatment of anxiety disorders, group therapy for social anxiety disorder, getting to know counselors in the community who use complementary and alternative approaches in counseling for anxiety disorders, or classes offering an introduction to alternative techniques such as mindfulness to reduce symptoms of anxiety.

Another link using the Integrative Mental Health model, is for counselors to let clients know that treatment for anxiety disorders addresses the whole person in body, mind, and spirit. Holistic counseling approaches are increasing in popularity. Counselors

and clients may benefit from alternative approaches that address holistic mental health, especially in the areas of diversity, physical awareness, and spirituality.

The application of complementary and alternative approaches in counseling has a positive impact on social change by contributing to the training, awareness, and openness of holistically competent counselors who are better prepared to serve the needs of clients with anxiety disorders. Increased competence in the areas of training and education may increase opportunities for better client care. In doing so, counselors may expand their practice by offering more options in treating anxiety disorders. Offering more counseling options could increase motivation of individuals with anxiety disorders to engage in the counseling process.

Conclusions

Integration of complementary and alternative approaches in counseling adults experiencing anxiety is an ongoing process for counselors and clients. This study contributes to a body of research supporting counselors' use of complementary and alternative approaches in counseling. Counselors who use this approach have the potential to enhance the therapeutic relationship and achieve positive outcomes. Results of this study demonstrated that a majority of participants use complementary and alternative therapies in their practice and support a whole person, mind-body-spirit approach to counseling individuals with anxiety disorders.

In the fallout of the pandemic, counselors have seen a greater number of individuals with anxiety disorders who are seeking counseling for the first time and looking for the best treatment options that counselors have to offer. The use of alternative

approaches such as mindfulness, somatic therapies, cultural sensitivity therapy, emotional freedom technique, music and art therapy, play therapy, dreamwork, biofeedback, brain-spotting, and sensory focus have the potential to reach and connect with individuals who experience anxiety. It is essential that future counseling practitioners become aware that clients are interested in complementary and alternative approaches and increase their knowledge, perception, openness, and integration of complementary and alternative approaches in counseling adults with anxiety disorders. Support for the use of complementary and alternative approaches in counseling is vital to the exploration and growth of the counseling profession. Counselors, educators, and supervisors have the ability to empower future counselors and practicing counselors to be respectful of the whole person in the awareness and healing of our clients and ourselves.

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Appendix: Permission to Use CIHAP and ISS Instruments

Re: CIHAP Scale - Permission to Use
Christine Berger Tue 12/8/2020 11:13 AM
To: Jane Simmons ; Christine Berger
1 attachments (8 KB) CIHAP Scale Final IRB-2.docx;
Hi Jane, this is very exciting, I'm so glad you would like to use our scale! Here you go, and I'd love a follow up after you complete your dissertation, good luck! By the way, I have a new faculty position at UTRGV in Texas and my email there is christine.berger@utrgv.edu.
Christine Ciecierski Berger, PhD, LPC (Virginia) 410-428-0905 cell

Re: ISS Scale – Permission to Use
David R. Hodge <DavidHodge@asu.edu>
Fri 3/26/2021 12:35 PM
To: Jane Simmons
JSSR--Intrinsic Spirituality Scale.pdf
131 KB

Please find enclosed the requested article. You have my permission to use the ISS in your research.

All my best to you regarding your dissertation.

_____

David R. Hodge, Ph.D., M.S.W.
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