

Tools for Transformation Series: Holistic Care



Recovery is the process of pursuing a contributing and fulfilling life regardless of the difficulties one has faced. It involves not only the restoration, but also continued enhancement of a positive identity as well as personally meaningful connections and roles in one's community. It is facilitated by relationships and environments that promote hope, empowerment, choices and opportunities that promote people in reaching their full potential as individuals and community members.

Recovery Advisory Committee (RAC, 2006)

Resilience is a protective process which enables individuals to reach good outcomes even though they have endured significant adversities. It is a dynamic process that can change across time, developmental stage, and life domain. All children, youth, adults, families and communities have the capacity to demonstrate resilience. There are many factors that enhance a child's *resilience pathway* including:

- positive relationships with caregivers, peers, or a caring adult;
- internal strengths such as problem-solving skills, determination and hope; and
- environmental factors like effective schools and communities.

(Working definition from the Philadelphia Compact, 2009)



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Tools for Transformation Series: Holistic Care I

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Introduction

Creating a recovery-oriented system of care is a top priority of the Philadelphia Department of Behavioral Health and Mental Retardation Services (DBH/MRS). A recovery-oriented system is committed to supporting people in moving beyond their problems and challenges to develop a full and meaningful life in the community. This process involves discovering the hopes and dreams of people, who have experienced mental health and/or substance use issues, and using the assets of these individuals, their families and the community to achieve these hopes and dreams. It is grounded in the evidence that people impacted by such behavioral health issues can successfully achieve long-term recovery. In a recovery-oriented system of care, the thoughts and ideas of individuals and family members in recovery are taken seriously; service providers assertively include people in recovery and their families (as defined by the person) in making decisions. Each individual is treated as a whole person (body, mind and spirit) and in the context of his/her culture.

This document is one of a series of resource packets produced by the DBH/MRS to provide tools and a greater understanding of key recovery concepts for persons in recovery, family members, service providers and DBH/MRS staff as part of the Philadelphia DBH/MRS Recovery Transformation.

Each packet in the Tools for Transformation series focuses on a system transformation priority area that has been identified as important by numerous stakeholders in the system. During the next 12 months, these priority areas will be the focus of our recovery transformation. Other resource packet topics include:

- family inclusion and leadership,
- trauma-informed care
- quality of care

Each packet has:

- Information for persons in recovery, providers, and DBHMRS staff about the priority area;
- A self assessment checklist for providers that lets them evaluate their own practice in the topic area;
- A similar checklist for people in recovery to think about ways their provider is supporting them in this area and to develop ideas about other ways that support could be given;
- A checklist for people in recovery to explore how they are doing in the area and to get some new ideas for ways they could take more steps in their own recovery;
- A checklist for DBH/MRS staff that lets them evaluate their practices in a priority area; and
- A resource list with information that can be obtained through websites, books and articles.

Holistic Care Concept to Practice Paper

The Philadelphia Department of Behavioral Health and Mental Retardation Services (DBH/MRS) has named holistic care as a transformation priority area. The holistic approach looks at a body, mind and spirit as all contributing to health and as all affected by illness. A holistic approach takes into consideration the critical role culture plays in health and views the whole person and their hopes and dreams as the focus of any services. In a holistic approach one is working with a variety of approaches that support the development of wellness and health rather than only a focus on symptom management.

Holistic care is a broad topic because it encompasses many kinds of wellness approaches. This packet will focus on complementary and alternative approaches. A second holistic care packet will focus on simple approaches and resources for paying attention to the interaction between physical and behavioral health.

Many people are turning to complementary and alternative treatments. In fact, in the general population 25% to 50% of people use complementary and alternative approaches for treatment (BMJ 1996, Foundation for Integrated Medicine 1997, Zollman and Vickers 1999, Eisenberg, et al. 1993 cited in Mamtani and Cimino 2002), and study after study has shown that people are very satisfied with these types of treatment (House of Lords 2000 cited in Mamtani and Cimino 2002). A study published in the Journal of Complementary and Alternative Medicine found that 75% of US adults have tried some form of alternative or complementary medicine (Shapiro et al., 2007) Another interesting finding is that people who live with mental health issues use complementary and alternative medicine more often than populations with other diseases (Mamtani and Cimino, 2002). In addition, specific complementary therapies such as acupuncture help with addiction recovery (Yang et al., 2007).

🌀 Complementary and Alternative Approaches

Complementary and alternative approaches are types of holistic care and work to incorporate mind, body, and spirit into their treatment approaches

(<http://mentalhealth.samhsa.gov/publications/allpubs/ken98-0044/default.asp>). Complementary approaches are used with traditional approaches, while alternative approaches work in place of traditional treatment. People try complementary and alternative approaches to supplement traditional treatment, for cultural reasons, and because traditional treatments don't work well or as well for them.

🌀 Examples of Holistic Care

This paper will highlight a few types of complementary and alternative approaches, focusing on different types of care that are backed by research. We will also highlight several behavioral health programs in Philadelphia that have innovative holistic care services as examples for others to consider.

For a full description of the various complimentary therapies, please look at the SAMHSA website (<http://mentalhealth.samhsa.gov/publications/allpubs/KEN98-0044/default.asp>)

Exercise and Behavioral Health

Please consult a physician before starting any exercise program.

Exercise has been found to have many positive physical benefits including improved cardiovascular fitness, decreased risk of type II diabetes, and decreased risk of osteoporosis (Warburton, Nicol and Bredin, 2006).

There is also a growing body of research that indicates that exercise has positive mental health benefits as well. (Callaghan, 2004, Sharma, Madaan & Petty, 2004). Several meta-analyses have examined the effects of exercise on depression. The research indicates that exercise improves depression by providing distraction, social interaction and mastery of physical challenges (North et al., 1990 as cited in Callaghan, 2004) Also, research has shown that exercise promotes secretion of mood enhancing chemicals such as serotonin and endorphins (Ransford, 1982 & Pert and Bowie, 1979 as cited in Callaghan, 2004). Aerobic exercise such as walking, gardening, and swimming has been shown to reduce anxiety (Petruzello et al., 1991 as cited in Callaghan, 2004; Sharma et al., 2006; Petruzello and Landers, 1994). There are several theories about the connection between exercise and anxiety. One idea is that exercise raises body temperature and provides calming effects similar to that of a hot bath (Raglin & Morgan, 1985 as cited in Callaghan, 2004.) Another idea is that exercise causes the release of calming neurochemicals (Solomon, 1980 as cited in Callaghan, 2004).

Research has also demonstrated that, for people living with schizophrenia, exercise reduces auditory hallucinations, improves sleep and raises self esteem (Faulkner and Sparks , 1999 as cited in Callaghan, 2004). In another study which examined the effects of a 16-week walking program provided for people participating in mental health outpatient treatment for schizophrenia, participants not only had greater aerobic fitness, but they also reported fewer psychiatric symptoms than controls (Beebe, Tian, Morris, Goodwin, Allen and Kuldau, 2005). Aerobic exercise such as walking, running, swimming and even gardening has been shown to have positive effects in managing a wide range of behavioral health issues (Sharma, Madaan & Petty, 2006).

Culturally Based Healing Arts: Acupuncture and Yoga:

Acupuncture

Acupuncture is a form of Eastern medicine which works on the principle that there are opposing forces in life that regulate health. It is believed that these forces, which are named Yin and Yang, are disrupted when illness occurs. They are returned to balance and harmony by stimulation of certain points in the skin, either by metallic needles, manually, electrically, or by laser stimulation. This stimulation restores balance to Yin and Yang by clearing blockages to the Qi, or vital force or energy, at channels called meridians. Research has shown that acupuncture can be helpful as a complementary therapy for cocaine addiction and for the withdrawal symptoms of people who are coping with heroin

addiction. In general, acupuncture can help regulate neurotransmitters related to addiction (Yang et al, 2007).



Yoga

Yoga was originally an ancient Indian practice that was used to reach “self-awareness”. One type of yoga common in the West is Hatha yoga. In Hatha yoga asanas (postures), pranayama (breathing exercises), and dhyana (meditation) are incorporated into the practice. The postures are intended to help the body become stronger and more flexible, while the breathing exercises create focus. Relaxation and meditation calms the mind. Research has shown that yoga as a complimentary therapy to traditional treatments can help combat depression and manage anxiety. (Brown et al., 2005, Pilkington et al., 2005 and Shapiro et al., 2007).

Expressive therapies

Dance and music have been used to heal for thousands of years. Recent research has shown that dance and music therapy can help people in recovery manage their challenges (De Sousa 2005, Ritter and Low 1996). There are many types of effective music therapy. Music therapy has been shown to be helpful with grief and depression. Background music therapy is used in hospital settings. Background music is played 8 to 12 hours a day in order to create a calm environment and to help hospital patients with their anxiety.

In contemplative music therapy, done either individually or in groups, people in recovery are given a biography of the composer and other information about the music to which they are going to listen. The listening process can help to engage communication about difficult topics that may emerge while listening to the music. Creative music therapy allows for people in recovery to engage directly in the process of making music, either through writing lyrics, composing, and/or playing instruments. This type of music therapy may be especially effective to help battle grief, uncover repressed feelings, and help with fears. (De Sousa, 2005)

Dance Movement Therapy is the “use of movement as a process which furthers physical and emotional integration of an individual,” according the American Dance Therapy Association. Research shows that dance movement therapy can help with psychological well-being, especially in residential settings where the therapy can nurture a feeling of social inclusion and encourage involvement that increases self-esteem. Dance Therapy can provide an outlet for nonverbal, creative expression, interacting with others, and can also reduce anxiety (Ritter and Low, 1996).

🌀 A Note for Providers

DBH/MRS advocates that providers offer a holistic approach to the people they serve. This includes listening carefully to things that have been helpful in supporting their wellness in the past and by providing education and encouragement to pursue evidence-based approaches to wellness such as those listed above. Many agencies in the transforming system in Philadelphia are using these approaches. Several are presented here to provide a springboard for thinking and planning for other agencies.

Each of these agencies went through a similar process to being to connect people with wellness services:

1. Conduct a survey or focus group(s) to identify interest in a particular holistic care program such as yoga, nutrition, gardening, etc.
2. Develop options based on the focus group feedback from which people may choose.
3. Support program participants in developing leadership roles within the planning group based on their strengths and areas of interest.
4. Create opportunities in the naturally occurring community that will continue long after the person's connection with the behavioral health system has ended.
5. Develop connections with community partners.
6. Create pathways that promote the individual continuing to pursue their interests in holistic approaches after they graduate from formal treatment services.

🌀 Suggestions for Holistic Care Provided by Recovery Foundations Training Participants and Wellness Recovery Action Plan Training Participants

The following are wellness resources or tools from the participants of the RFT (Recovery Foundations Training) and WRAP (Wellness Recovery Action Plan) trainings compiled over a two year period. When participants of the trainings were asked “what do you do to stay well?”, they gave a myriad of everyday resources and activities. This section will focus on the frequently suggested strategies. These resources can be found in the community, home, local gardening store or a gym. At little to no cost, one can feel better by changing the color of a room, rearranging furniture or gardening.

This section will also explore the use of aromatherapy, hydrotherapy (Water Aerobics) and gardening. Other techniques which training participants reported help them to stay well and decrease stress are also included.

Aroma Therapy

Aroma therapy is the practice of using essential oils to promote relaxation and wellbeing of mind, body and spirit. The use of these oils has been around for centuries in ancient China, India and the Middle East. Some training participants reported that aroma-therapy helps them to relax. Essential oils can be found in candles, incense, soap, lotion and cologne.

Aromatherapy has been used as a complimentary therapy to reduce anxiety. In the studies reviewed, essential oils are often combined with massage. Although research has been inconclusive about the

anxiolytic effect of aromatherapy, a recent review (Perry and Perry, 2006) of clinical trials that have been published on aromatherapy in relation to behavioral health disorders concluded that aromatherapy provides a potentially effective complimentary treatment for some behavioral health issues. Another review of the psychological benefits of aromatherapy, which focused on six randomized aromatherapy trials revealed that aromatherapy has a brief, transient effect on anxiety reduction (Cooke and Ernst 2000).

Aromatherapy has also been utilized as a complimentary therapy to improve well-being in hospital settings. Several studies found positive, short term decreases in pain, depression and anxiety and an increased sense of well-being (Louis and Kowalksi, 2002). Imanishi et al (2007) found anxiolytic effect of an aromatherapy massage in patients with cancer. Wilkinson et al (2007) found that aromatherapy massage provided short-term improvement in self-reported depression and anxiety feelings experienced by cancer patients. Another randomized controlled trial of aromatherapy massage in a hospice setting was unable to demonstrate any benefits of aromatherapy in terms of pain control, anxiety or quality of life (Soden, Vincent et al., 2004).

Gardening

Training participants reported that gardening is an excellent source of stress relief for them. They report that it provides exercise, gives people an opportunity to enjoy fresh air and sunlight and it is not expensive. Many people love gardening because they find it relaxing, stress free and love watching the fruit of their labor. Gardening does not require a lot of space; one can use several pots and plant tomatoes, string beans, sunflowers or other flowers.

Research has shown that gardening, considered an aerobic exercise, has ameliorated anxiety and depression (Sharma, Madaan and Petty, 2006). A large body of research exists about the positive physical and mental health benefits of exercise. More recently, research is emerging about the benefits of green exercise. Green exercise is done in nature (hiking, walking in a park, gardening) and has been found to have physical and mental health benefits as well (Pretty, Peacock, Sellens and Griffin, 2005; Pretty, 2006).

Aerobic Water Exercise and Aquatic Therapy

The benefits of aerobic swimming on our physical and mental health are innumerable. Aerobic swimming is a form of exercise that can help you lose weight while having fun. Aerobic swimming is a full body sport that tones muscles, improves strength and flexibility and increases circulation. It can greatly improve your mood and promote sound sleep. Several studies have found self-reported improvements in mood following aerobic exercise such as jogging or swimming (Daley, 2002; Berger and Owen, 1983).

Aquatic therapy is one of the oldest, least expensive and safest methods for treating many common ailments. Training participants reported that when they take a hot bath after a hard day, they feel much better when they are done. Hot water relieves fatigue and is extremely relaxing.

Other training participants reported that they utilized the following strategies to also help them relax and improve mood:

- Training participants reported that color can affect their wellbeing in a negative and positive way with or without their awareness of the effect.
- Some training participants reported that herbal tea, such as chamomile or ginger helps them to relax.
- Other training participants reported that they utilized **Feng shui** “which is an ancient [Chinese](#) system of [aesthetics](#), believed to use the laws of both Heaven and Earth to help one improve life by receiving positive energy (Wikipedia, 2010). People organized their living environment, including the location of their apartment, and the objects within their apartment to bring positive energy and tranquility to their life.

Resource from local Managed Health Care Providers

Keystone Mercy Health Plan is one of Pennsylvania’s Medical Assistance (Medicaid) managed care health plan serving Medical Assistance recipients in Southeastern Pennsylvania. They have a program to promote fitness and wellness for their members. The program is called “Focus on Fitness.” For members 18 and up; you can work out, swim and take Yoga in one of many community gyms. The cost is \$2.00 for the first 18 visits and after that they will pay for on-going membership.

If you would like to contact Keystone Mercy call, 1-800-521-6860 (TTY 1-800-684-5505) to talk to a Member Services Representative 24 hours a day, 7 days a week.

Keystone Mercy is not the only managed health care provider that provides subsidy for members interested in fitness. Health Partners has a similar program. If you are a member of managed health care you can contact them and request information on their fitness programs.

Holistic Care at Philadelphia Behavioral Health Provider Agencies

In this section we would like to feature several examples of holistic approaches in use at Philadelphia agencies.

Holistic Approaches at STOP Inc.

STOP Inc. is a non-profit agency that serves adults and adolescents in mental health and addictions recovery and embodies a holistic health approach. The CEO and medical director have made a commitment to making the physical environment welcoming, engaging and inviting. The first thing a visitor to STOP notices are the plants and paintings throughout the building, and birds as well, 2 parakeets and 11 cockatiels!

STOP Inc. strives to meet the needs of the whole person through a variety of services. New participants can select from a menu of services. STOP Inc. has an excellent gym which is used to help people get comfortable with using equipment and exercise before they move on to health resources in the community. They provide massage therapy once a week as part of their stress management program. Art therapy and music therapy are provided by licensed therapists. Nutritional counseling, as part of their weight management program, is available. Many self-help groups are held there. A spirituality group and an LGBTQ issues group will start soon. Journey to Recovery, a faith-based, non-profit agency, is on the premises. They also provide creative opportunities, including a photography and film development studio. Also available is a multimedia station with opportunities for people to participate in the development of television and radio shows and a barber school designed to teach these skills and provide low to no-cost barbering services to the people who attend services at STOP.

Holistic Approaches at the Wedge Medical Center

In addition to the regular meditation and nutritional groups that the Wedge holds, it has two special programs to help meet the holistic needs of its members: massage therapy and faith-based services. A massage therapist visits the Wedge's day programs on a monthly basis and provides 15 minute chair massages. She has group sessions where she teaches self-care, relaxation, self-massage, and provides aroma therapy. The Director of Faith-based Services at the Wedge is a Minister who offers non-denominational services to groups and individuals every few weeks. He helps people focus on their spiritual development and conducts groups such as healing from grief and loss which incorporate spirituality. He also facilitates connecting people to networks of support in a spiritual community of their choice. About 75% of the program members participate in these programs and benefit by having access to unique holistic practices that they can add to their wellness toolbox.

Holistic Approaches at PATH

The gardening program at PATH Renaissance started several years ago in direct response to the requests of the program participants who identified gardening as a preferred activity. The gardening program is now open to any program participant at PATH.

A certified peer specialist is the team leader for the gardening program. The participants in the program have leadership roles in the gardening club. These roles, based on individual strengths, include community organizer, seeding specialist, and soil specialist.

Every spring the gardening club puts together a plan of the types of vegetables they would like to grow in the coming year. The gardening club also puts together a plan for horticulture-related trainings they will be attending in the community. This year the gardening club has already attended the Philadelphia flower show and is participating in weekly horticultural training.

The group is in the process of drafting a mission statement and marketing the gardening program to other PATH members. The group also plans to connect with the Canteen at PATH so that organic vegetables can be sold there. In addition, the gardening club is seeking a connection with the Philadelphia horticultural society.

The nutrition program at PATH started as a psycho-educational group and expanded to the community. People participating in the Renaissance program expressed an interest in a nutrition group. The group meets on a monthly basis and goes out in the community to explore nutrition topics that are the most interesting to them. The nutrition program is led by a Certified Peer Specialist with group members taking leadership roles within the program. One group member found out about a “Fresh for All” program through an agency called PhilAbundance. This program, designed for individuals at any income level, offers fresh produce. The nutrition program participants have received free produce through this program. Nutrition group participants develop the program based on their interests and choices. They go to fast food restaurants and compare menu items and calorie counts as they attempt to select the most nutritious foods. They go to the library, select recipes they would enjoy, and then cook food together. They go to grocery stores and select healthy menu items. Recently the group explored the Italian market in downtown Philadelphia. Group members enjoy the opportunity to be out in the community and focusing together on wellness and nutrition.

Provider Checklist- Please think about your own practices and see how many of these activities support holistic care.

Statement	Yes	No	Notes
We provide education on wellness approaches (exercise, nutrition, spirituality, expressive therapy, etc) to the people we serve.			
We have invited holistic care providers to present at our organization.			
We administered a survey on holistic services so that program participants have an opportunity to choose the service they are most interested in and to raise their awareness of options available to them.			
We have linked the people we serve with holistic care community resources.			
We have provided at least one holistic care opportunity at our organization in the past 3 months.			
We provide holistic care options on a regular basis at our organization.			
We have developed leadership opportunities for people who participate in holistic care services at our agency to teach others and encourage wellness in their peers.			
We have worked to help people develop connections to community-based holistic services that can continue after graduation			
We provide diet or nutritional counseling.			
We help people to link to diet and nutritional programs in the community of their choice			
We provide yoga classes.			

Provider Checklist continued on the next page

Statement	Yes	No	Notes
We provide meditation groups.			
We help people to link to meditation groups in a community of their choice			
We provide faith/spiritual-based counseling.			
We help people to link to faith/spiritual-based counseling programs in a community of their choice.			
We provide expressive therapies such as art, music, and/or dance.			
We help people to link to art, music or dance programs in a community of their choice.			
We provide _____ (other holistic care therapy).\			
We have employees trained in holistic care.			
We explore spirituality and/or religion with the people we serve and if they desire, help them integrate their beliefs into their treatment.			
We put the focus on our members' life goals rather than on symptom reduction.			
We educate the community about the diverse pathways of recovery, including holistic approaches.			
We have tried some of the holistic services we describe to address our own wellness.			
We have tried some of the holistic services we describe so that we have deeper understanding of these holistic resources.			
We provide the community with recovery-oriented activities that address the needs of the whole person.			

End of Provider Checklist

People in Recovery Working with Provider
Checklist I- Persons in Recovery can assess whether the provider is promoting holistic care by determining whether they are engaged in the following activities.

Statement	Yes	No	Notes
My provider has provided a clear picture of holistic care options to me that support my wellness.			
Holistic care providers have presented about the topic at my organization.			
My provider has given me resources on holistic care options in which I am interested.			
My provider has linked me with holistic care resources in my community.			
My provider has encouraged and supported the use of community holistic care resources.			
My provider offers holistic care options at my agency.			
I receive diet or nutritional counseling at my agency. I worked with my provider to find these resources in my community.			
I participate in yoga and/or meditation at my agency. I worked with my provider to find yoga and/or meditation classes in my community.			

Checklist I for People in Recovery continued on the next page

Statement	Yes	No	Notes
I receive faith/spiritual-based counseling services at my agency. If I desire my provider has helped me connect with spiritual resources in my community.			
I participate in expressive therapies (art, music, and/or dance) at my agency. My provider has helped me connect with these resources in my community.			
I participate in _____(other holistic therapy) at my agency.			
Providers at my agency listened carefully to what alternative and complementary approaches might work for me and helped me connect with them. Providers gave me options to think about that I hadn't considered..			
If I have spiritual or religious beliefs, they are integrated into my treatment.			
My treatment acknowledges that I am a whole person, and doesn't focus simply on reducing my symptoms.			

End of Checklist I for People in Recovery

People in Recovery Assessing One's Own Daily Activities Checklist II- Persons in Recovery can do some of the following things to promote holistic care in their life.

Statement	Yes	No	Notes
I view myself as a whole person, and take care of my mind, body, and spirit.			
I educate myself on holistic care.			
I attend self-help groups.			
I meditate.			
I take yoga classes.			
I participate in _____ (holistic care activity).			
I take on leadership role in a holistic group of my choice.			
I try new types of holistic care that I haven't tried before			

End of Checklist II for People in Recovery

DBH/MRS Staff Checklist- Use this checklist to increase holistic care in your own work and daily activities.

Statement	Yes	No	Notes
I have visited websites on holistic care.			
I have read about holistic care.			
I have been to informational sessions on holistic care.			
I have tried holistic care options for myself.			
I participate in holistic care services on a regular basis.			
When making decisions with the people I serve, I carefully take into account holistic philosophies.			
My colleagues and I share information on holistic care.			
Holistic care is part of my self-care routine.			
I am willing to teach and learn about holistic care with the people with whom I interact at work.			

End of DBH/MRS Checklist

Community and Internet Resources

The City of Philadelphia offers an array of services, groups, and classes that embrace holistic approaches.

Holistic services such as yoga, tai chi, art classes can be accessed through the Internet or a local newspaper . Many of these services are provided at no-cost or a sliding fee scale.

Relevant Articles

Berger, B.G. and Owen, D. R (1983). Mood Alteration with Swimming-Swimmers Really do “Feel Better”. *Psychosomatic Medicine*, 45 (5), 425-433.

Brown, R. P. and Gerbarg, P.L (2005, Abstract). Sudarshan Kriya Yogic Breathing in the Treatment of Stress, Anxiety, and Depression: Part I- Neurophysiological Model. *Journal of Alternative and Complementary Medicine*, 11(1), 180-201. doi:10.1089/acm.2005.11.189.

Callaghan, P. (2004, Abstract). Exercise: a neglected intervention in mental health care? *Journal of Psychiatric and Mental Health Nursing*, 11, 476-483. doi: 10.1111/j.1365-2850.2004.00751.x

Christensen, Helen, Griffiths, Kathleen, Korten, Alisa. (2002, Abstract). Web-based Cognitive Behavior Therapy: Analysis of Site Usage and Changes in Depression and Anxiety Scores. *Journal of Medical Internet Research*, 4(1), e3.

Cooke, B. & Ernst, E. (2000). Aromatherapy: a systematic review. *British Journal of General Practice*, 50, 493-496. doi: 07-09-2010.

Daley, A.J. (2002). Exercise therapy and mental health in clinical populations: is exercise therapy a worthwhile intervention. *Advances in Psychiatric Treatment*, 8, 262-270.

Davidson, Paul R., Parker, Kevin C.H. (2001, Abstract). Eye movement desensitization and reprocessing (EMDR): A meta-analysis. *Journal of Consulting and Clinical Psychology*, 69(2), 305-316.

De Sousa, Avinash. (2005, Abstract). The role of music therapy in psychiatry. *Alternative Therapies in Health and Medicine*, 11(6).

Edelman, Shany, Heresco-Levy, Uriel, Lichtenberg, Pesach, Ptaya, Hamutai, Vass, Agnes. (2009, Abstract). Shiatsu as an Adjuvant Therapy for Schizophrenia: An Open-label Pilot Study. *Alternative Therapies in Health and Medicine*, 15(5).

Eller, Lucille S. (1999). Guided Imagery Interventions for Symptom Management. *Annual Review of Nursing Research*, 17 (1), 57-84.

Gelkopf, Marc. (2009). The Use of Humor in Serious Mental Illness. *Evidence-based Complementary and Alternative Medicine*.

Imanishi, Jiro, et al. (2007). Anxiolytic Effect of Aromatherapy Massage in Patients with Breast Cancer. *Evidence-based Complementary and Alternative Medicine*, 6(1), 123-128.

Lake, James. (2007). Integrative Mental Health Care: From Theory to Practice, Part 1. *Alternative Therapies in Health and Medicine*, 13(6).

Lake, James. (2008). Integrative Mental Health Care: From Theory to Practice, Part 2. *Alternative Therapies in Health and Medicine*, 14(1).

Lakhan, Shaheen E., Vieira, Karen F. (2008). Nutritional therapies for mental disorders. *Nutrition Journal*, 7(2),

Lane, James, Pieper, Carl F., Seskevich, Jon E. (2007). Brief Meditation Training Can Improve Perceived Stress and Negative Mood. *Alternative Therapies in Health and Medicine*, 13(1).

Lous, Margaret, Kowalski, Susan D. (2002). Use of aromatherapy with hospice patients to decrease pain, anxiety, and depression, and to promote and increased sense of well-being. *American Journal of Hospice and Palliative Medicine*, 19(6), 381-386.

Mamtani, Ravinder, Cimino, Andrea. (2002). A Primer of Complementary and Alternative Medicine and Its Relevance in the Treatment of Mental Health Problems. *Psychiatric Quarterly*, 73(4), 367-381.

Miller, Martha. (1998). Diet and psychological health: a case study. *Alternative Therapies in Health and Medicine*, 4(2), 54-58.

Miller, Martha. (1996). Diet and psychological health. *Alternative Therapies in Health and Medicine*, 2(5), 40-48

Odendaal, J.S.J.. (2000). Animal-assisted therapy- magic or medicine? *Journal of Psychosomatic Research*, 49(4), 275-280.

Peeke, Pamela M., Frishett, Sharon. (2002). The Role of Complementary and Alternative Therapies in Women's Mental Health. *Primary Care: Clinics in Office Practice*, 29 (1), 183-197.

Perry, N. & Perry, E (2006, Abstract). Aromatherapy in the Management of Psychiatric Disorders: Clinical and Neuropharmacological Perspectives. *CNS drugs*, 20 (4), 257-280. doi: PMC1470658/07-09-2010

Petruzello, SJ and Landers, DM (1994, Abstract). State anxiety reduction and exercise: Does hemispheric activation reflect such changes? *Medicine & Science in Sports and Exercise* , 26 (8), 1028-1035.

Pilkington, K, Kirkwood, G., Rampes, H., Richardson, J. (2005, Abstract). Yoga for depression: The research evidence. *Journal of Affective Disorders* 89(1), 13-24.

Pretty, Jules. (2004, Abstract). How nature contributes to mental and physical health. *Spirituality and Health International*, 5(2), 68-78. DOI: 10.1002/shi.220

Pretty, J., Peacock, J., Sellens, M. Griffin, M. (2005, Abstract). The mental and physical health outcomes of green exercise. *International Journal of Environmental Health Research*, 15(5), 319-337. DOI: 10.1080/09603120500155963

Ritter, Meredith, Low, Kathryn Graff. (1996). Effects of dance/movement therapy: A meta-analysis. *The Arts in Psychotherapy*, 23(3), 249-260.

Shapiro, D., Cook, I.A., Davydov, D. M., Ottaviani, C., Leuchter, A.F. and Abrams, M (2007). Yoga as a complementary treatment of Depression: Effects of Traits and Moods on Treatment Outcome. *Evidence Based Complementary and Alternative Medicine Online Journal*, 14 (2).

Shapiro, Francine, Maxfield, Louise. (2002, Abstract). Eye movement desensitization and reprocessing (EMDR): Information processing in the treatment of trauma. *Journal of Clinical Psychology*, 58(8) 933-946. DOI: 10.1002/jclp.10068

Sharma, Ashish, Madaan, Vishal & Petty, Frederick (2006). Exercise for Mental Health. *Primary Care Companion Journal of Clinical Psychiatry*, 8(2), 106. Internet Dowload: 6-24-10

Soden, K., Vincent, K., Craske, S., Lucas, C & Ashley, S. (2004, Abstract). A randomized controlled trial of aromatherapy massage in a hospice setting. *Palliative Medicine*, 18 (2), 87-92. doi: 7-9-2010

Terman, Michael, Terman, Juan S., Quitkin, Frederic M., McGrath, Patrick J., et al. (1989, Abstract). Light therapy for seasonal affective disorder: A review of efficacy. *Neuropsychopharmacology* 2(1), 1-22. Internet download-6-24-10

Unützer, Jürgen, Klap, Ruth, Sturm, Roland, Young, Alexander S., Marmon, Tonya, Shatkin, Jess, Wells, Kenneth B. (2000). Mental Disorders and the Use of Alternative Medicine: Results from a National Survey. *American Journal of Psychiatry*, 157, 1851-1857. Internet Download-6-24-10.

Wolfgang, Jilek G. (1994, Abstract). Traditional Healing in the Prevention and Treatment of Alcohol and Drug Abuse. *Transcultural Pscyhiatry*, 31(3), 219-258. doi: 10.1177/136346159403100301

Yang, Chae Ha., Bong, Hyo Lee, Sung, Hoon Sohn. (2007). A Possible Mechanism Underlying the Effectiveness of Acupuncture in the Treatment of Drug Addiction. *Evidence-based Complementary and Alternative Medicine*, 5(3), 257-266. doi:10.1093/ecam/nem081

Young, John L., Griffith, Ezra E.H., Williams, David R. (2003). The Integral Role of Pastoral Counseling by African-American Clergy in Community Mental Health. *Psychiatric Services*, 54, 688-692. Internet download: 6-24-10

Warburton, D., Nicol, C & Bredin, S. (2006) Review of health benefits of physical activity: The evidence. *Canada Medical Association Journal*, 174 (6), 1-23. doi:10.1503/cmaj.051351.

Wikipedia. "Feng-shui". Aug 23, 2010.

Available Online: http://en.wikipedia.org/wiki/Feng_shui

Wilkinson, S.M., Love, S.B., Westcombe, A.M., Gambles, M. A., Burgess, C.C., Cargill, A., Young, T., Maher, E.J, & Ramirez, A.J. (2007). Effectiveness of aromatherapy massage in the management of anxiety and depression in patients with cancer: A multicenter randomized controlled trial, *Journal of Clinical Oncology*, 25 (5), 532-539.

DOI: 10.1200/JCO.2006.08.9987

