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UNIFYING IS MEDICINE: PROVIDING HOLISTIC TREATMENTS FOR SUBSTANCE USE AND TRUAMA

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UNIFYING IS MEDICINE:
PROVIDING HOLISTIC TREATMENTS FOR SUBSTANCE USE AND TRUAMA

A Project
Presented to the
Faculty of
California State University,
San Bernardino

In Partial Fulfillment
of the Requirements for the Degree
Master of Social Work

by
Erika Zemmol
Dulce Virginia Leguizamo
May 2021

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ABSTRACT

The focus of this qualitative, exploratory research project will be holistic treatments for clients with trauma and substance use. The researchers hypothesize that some of the most effective treatments incorporate the five virtues of compassion, cultural sensitivity, community, competency, and client-centeredness. Another important element which these researchers have identified is honoring the mind-body-spirit connection in helping clients heal from trauma and substance use. These researchers conceptualize an effective treatment for clients with trauma and substance use as what we call The Medicine of Unifying. Incorporating the five virtues, we hypothesize that The Medicine of Unifying can be achieved by uniting people through community, uniting the elements of mind-body-spirit within each person, and unifying these outer and inner worlds of experience. This research was conducted through interviews with helping professionals who work with clients with trauma and substance use. Interviews were conducted with a high degree of confidentiality, and will be conducted virtually to protect all who are involved in the project from the current COVID-19 pandemic. The findings of this study indicated that holistic practices including mindfulness and trauma-informed care have been shown to be beneficial when working with clients with substance use and trauma. In addition, the study highlighted the importance of providing holistic approaches to care that are egalitarian, both in terms client-relationship, honoring the mind-body-spirit connection, and in connecting to larger systems of support.

DEDICATION

“For my Grandmas Caroline and Louise who taught me to love the birds in the trees.” – Erika Zemmol

“For my family. Muchas gracias a mis padres Oralia y Marco por su amor y apoyo incondicional. Gracias por todos los sacrificios que han hecho por mi.” – Dulce Virginia Leguizamo

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CHAPTER ONE

INTRODUCTION

Problem Formulation

If trauma were to be defined in one word, perhaps it would be best to call it “exposure”. After exposure to negative events, any negative coping mechanisms will tend to multiply the effects of the trauma, whereas positive coping mechanisms will tend to mitigate trauma’s effects. Current research has established the pervasiveness of trauma, though the exact extent of this pervasiveness remains unknown. In the U.S., for example, 51% of women, 61% of men and 90% of clients in public behavioral healthcare settings report experiencing trauma (SAMHSA-HRSA Center for Integrated Health Solutions, retrieved June 8, 2020). It is important to consider that these statistics are based on what was reported, yet there are likely many people who, perhaps out of shame, fear, lack of access to mental health services, or other factors, do not report trauma. This data highlights the need for accessible mental health care which is trauma-informed.

To treat trauma effectively, it is vital that mental health professionals including social workers consider the coping mechanisms used by clients with trauma as well as factors that place clients at risk for further traumatization. One of the most common coping mechanisms which also poses a great risk to the safety of clients is substance use. The original study on Adverse Childhood Experiences (1998) sheds light on the relationship between trauma and

substance use (Felitti et al., 1998). In researching 7 different types of adverse childhood exposures, the original ACE study found that substance abuse in the household was the most prevalent (Felitti et al., 1998). The ACE study also found that survivors of trauma in childhood are up to 5,000% more likely to develop substance use disorders, develop eating disorders, or attempt suicide (Felitti et al., 1998). Khoury and colleagues (2010) found high rates of lifetime dependence on various substances associated with PTSD. In a highly traumatized population of 587 participants, 39% were found to be dependent on alcohol, 34.1% on cocaine, 6.2% on heroin/opiates, and 44.8% on marijuana. For mental health care to be trauma-informed, it must account for the significant relationship between trauma and substance use disorders.

Experiences of trauma differ based on adverse events, as well as those who are exposed to them. Important considerations include multiple traumas (complex), historical trauma, and culture. Experiences of people with substance use disorders are also diverse. Not all people who suffer trauma experience substance use as a factor, yet research demonstrates a high correlation between trauma and substance use (Forster et al., 2018). Likewise, not all of those who have substance use disorders are necessarily traumatized, yet there is strong evidence of a relationship between these experiences (Mergler et al., 2018).

In advocating for a culture of trauma-informed care, one of the organizations which has impactfully influenced policy is the Campaign for Trauma-Informed Policy and Practice (CTIPP). This Campaign partners with both

practitioners and policymakers and emphasizes trauma prevention education. In 2017, CTIPP created a policy brief entitled “Trauma-Informed Approaches Need to be Part of Comprehensive Strategy for Addressing the Opioid Epidemic” which was provided to Congressional staff and downloaded over 14,000 times by the end of 2018. CTIPP also advocated for trauma-informed approaches with the Health Education Labor and Pensions Committee. This advocacy was highly influential in passing of a trauma-informed bill in December 2018. In addition, CTIPP assisted in the development of trauma-informed resolution HR443 which passed in the House in February 2018 followed by companion resolution, SR 346, which passed in May 2018. CTIPP (2018) board members were also instrumental in the development of the Trauma-Informed Care Caucus.

Purpose of Study

The goal of this research will be to bring to light beneficial holistic treatments for clients with trauma and substance use. This research will be conducted by interviewing helping professionals who have experience working with this population. This qualitative, exploratory approach was chosen because the nature of holistic treatments tends to be creative, rather than purely logical. By conducting interviews, these researchers aim to learn, from personal examples provided by practitioners, which holistic treatments and methods are most effective. There is another dimension to the rationale for choosing this qualitative, exploratory approach. While the use of literature and statistics will play an important role in aspects of this study, interviews will provide an element

of personal connection which is at the very heart of holistic treatment itself. In this sense, the research method matches the chosen area study.

Holistic treatment for trauma and substance use will be the focus of this study because it works. Fortuna and colleagues (2018) found that treatment of cognitive and mindfulness-based therapy for adolescents with co-occurring PTSD and substance use disorder was successful in reducing symptoms of both PTSD and depression as well as reducing substance use frequency. Holistic treatments have been found to be more effective than conventional treatments alone. For example, Priddy and colleagues (2018) explains that “prefrontally-mediated brain circuits” which are the mainstay of cognitive control are often damaged by substance use. Priddy and colleagues (2018) found that mindfulness practices can help to strengthen these brain circuits, thereby assisting clients in regaining cognitive control and contributing to addiction recovery often with better results than conventional treatments. In addition, SAMHSA funded a study by Garland and colleagues (2015) in which the effectiveness of Mindfulness-Oriented Recovery Enhancement (MORE) was compared to CBT in group of 180 people who were formerly homeless and who had co-occurring substance use and psychiatric disorders. MORE was found to be more successful than CBT for reducing both cravings and PTSD symptoms.

In exploring holistic treatments which are effective for treating trauma and substance use, this study will also look at somatic experiencing. Part of the reason that approaches such as CBT alone may be less effective for treating

substance use is that they focus on the mind of the client and may neglect other dimensions. Whereas holistic approaches treat the mind-body-spirit connection, focusing not only on logical approaches but also on the experiences of the body, such as interoception (the sense which helps an individual to feel what is occurring in the body) Powers (2017) notes a strong correlation between trauma and both addiction and body dysregulation. This study demonstrates the need for somatic approaches to treatment which address the trauma that often underlies addiction. This brings us to the third form of holistic treatment which will be focus of this study, that of trauma-informed care. In keeping with the concept of holistic treatment which has to do with making connections, trauma-informed care is not separate from mindfulness or somatic experiencing but is instead often integral to both in the context of practice. As Bennett (2017) explains, trauma-informed care has many elements. For one, it involves gaining an education about what the science and research say about trauma, and about the role that suffering plays in the effects of trauma. It also has to do with helping professionals and others in the community learning how to recognize trauma and to respond to those who are traumatized with compassion and nonjudgement. And another important element is that helping professionals must attend to self-care and their own mental health so as not to suffer from vicarious trauma. The goal of the trauma-informed model is not only effectively treat individual clients, but to bring a healing understanding of trauma to the wider community and society.

Significance of the Project for Social Work

Research is needed in the areas of holistic, and what some might consider alternative treatments for clients with substance use and trauma. This is clear because the dominant paradigm is not working to end substance use. According to a national survey conducted in 2018 on drug use and health, SAMHSA (2019) reported that about 164.8 million people aged 12 or older in the United States, or 60.2 percent had used substances (i.e., tobacco, alcohol, or illicit drugs) within the past month. This same study found that only about 2 out of 5 people aged 12 or older (108.9 million, or 39.8 percent) had not used substances in the same time frame. Of the 164.8 million people who reported using substances, 139.8 million drank alcohol, 58.8 million used a tobacco product, and 31.9 million used an illicit drug. It is significant to not that majority of the population uses substances. This shows that there is a great need for social work to understand and to address substance use, and learn how it affects the lives of clients, what the origins of substances use are, and to consider possible solutions to this rampant issue.

For mental health professionals who encounter substance use disorders and trauma-related conditions, one of the greatest challenges is to provide treatments that are ethical, and which benefit clients. Bennett (2017) provides insight into the “traumatic transformation” of clients, and how mental health professionals can be of service. This process, Bennett (2017) contends, is complicated, requiring different treatments and variables depending on the client.

The most important variable, Bennett (2017) says, is that someone must care deeply about the client.

This study will explore the question: how can helping professionals provide beneficial, culturally sensitive holistic treatments which honor the mind-body-spirit connection for clients with substance use disorders and trauma-related conditions? One of the goals of this research is to provide fresh insights and methods into the implementations stage of the Generalist Intervention Model. This paper aims to bring to light ways in which mental health professionals can balance the virtues of compassion, cultural sensitivity, competency, community, and client-centeredness. By balancing these virtues, our study will benefit the social work profession by making practice more ethical and more beneficial to clients. This research seeks to test our theory that “division is addiction; unifying is medicine.” We conceptualize the medicine of unifying as a threefold approach: uniting people through community, uniting the elements of mind-body-spirit within each person, and unifying these outer and inner worlds of experience.

CHAPTER TWO

LITERATURE REVIEW

Introduction

In order to understand what treatments are most beneficial for clients with trauma and substance use, it is important to consider some of the following factors which will be covered in this chapter: scope of the problem, why trauma can lead to Substance Use disorders and vice-versa, the role of culture in understanding clients and providing treatment, and which treatments have been shown to be effective according to client's outcomes.

Scope of the Problem

Substance use in the United States is deeply pervasive. SAMHSA (2019) found that 164.8 million people used a substance, whether tobacco, alcohol or an illicit drug, representing 60.2 percent of the U.S population. It is well-documented that the trauma of different types increases the likelihood of substance use. For example, the Adverse Childhood Experiences (1998) study found as strong correlation between childhood exposure to trauma and many forms of risk in adulthood, including substance use. In addition, it was found that people who experienced four or more different types of trauma were 4-12 times more likely to experience alcoholism, drug use, depression, and attempted suicide (Felitti et al., 1998)

Trauma and Substance Use

To provide beneficial, client-centered treatments to clients with trauma and substance use disorders, whether co-occurring or not, it is important to understand the relationship between the two conditions. One of the main reasons that so many people with a history of trauma use substances is to cope with trauma's lasting effects. For example, Forster and colleagues (2018) researched the connection between adverse childhood experiences and substance use behaviors among college students. Their study found that when faced with transitions to adulthood, such as going to college, students were likely to use substances as a coping mechanism for the effects of adverse childhood experiences.

In addition to the strong causal relationship between adverse childhood experiences and substance use in adulthood, it must be considered that substance use also represents a huge risk factor for being traumatized. Buckley (2017) found that women who use substances are at an increased risk of exposure to many different types of abuse, and an increased risk for mental disorders. One significant way in which substance use leads to trauma, particularly against women, is through Drug-or Alcohol-Facilitated/Incapacitated Rape (DAFR/IR). Gilmore et al. (2018) found that the outcomes for victim-survivors of DAFR/IR can be worse than those for victim-survivors of other types of rape. For example, those who survived DAFR/IR are less likely to seek assistance after being assaulted, less likely to recover from PTSD long-term, and

have an increased likelihood of substance use after having been raped (Gilmore et al., 2018).

The relationship between trauma and substance use can be thought of as a vicious cycle if, for example, the person using substances is a parent. The original ACEs (1998) study found that of all categories of childhood exposure, substance use was the most prevalent (Felitti et al., 1998) Substance use by adults in the home puts children at great risk. The psychoactive properties of certain substances, such as alcohol, can have an incapacitating effect and cause parents who are using to neglect or abuse their children. When in an incapacitated state, parents may be unable to protect children from danger. The ACE (1998) study found that people who are exposed to trauma, such as domestic violence, as children, may use substances to cope with long-lasting effects of the trauma and are at a much higher risk for developing various chronic illnesses such as emphysema, cancer, and heart disease (Felitti et al., 1998).

Culture and Ethnicity

Research has demonstrated a significant correlation between ethnicity and substance use (American Addiction Centers, 2020). The reasons for this correlation are important for helping professionals to understand because they can provide insight on how to provide treatments that are culturally sensitive and responsive. While it would be beyond the scope of this paper to study the unique needs of every ethnic group in-depth, this paper will focus on cultural sensitivity, particularly to ethnic minorities.

Theories Guiding Conceptualization

This study will center around holistic treatments for clients with trauma and substance use disorders, focusing on the mind-body-spirit connection, with the goal of benefitting clients by balancing the virtues of compassion, cultural sensitivity, competency, community, and client-centeredness. The primary theoretical orientations will be toward the ancient practice of mindfulness in practice, it is important to give credit to the Hindu and Buddhist traditions out of which mindfulness originated. Giving credit to the Indian yoga tradition when teaching mindful breathing and mediation, and to the Tibetan tradition when using singing bowls are ways to honor the cultures which gifted these methods. Helping professionals can do this as simply as by making a verbal acknowledgment, which could go a long way to demonstrating cultural sensitivity to Asian clients, and to promoting education and cultural appreciation among all clients.

The authors of this study acknowledge that there have been mixed findings on the effectiveness of mindfulness as a treatment method. For example, Grant and colleagues (2017) conducted an analysis that found that Mindfulness-Based Relapse Prevention (MBRP) was no more beneficial than other types of interventions such as Cognitive Behavioral Therapy and relapse prevention. However, it should be noted that the conclusion here was not that MBRP is not effective, but only that it is not more beneficial than these other widely used methods. By contrast, Priddy and colleagues (2018) found that

MBRP is more effective than relapse prevention which does not include mindfulness, and that Mindfulness Oriented Recovery Enhancement (MORE) is more effective than CBT.

Within the exploration of mindfulness, a specific therapy called Somatic Experiencing (SE) will also be explored. Since mindfulness is about bringing awareness to the mind-body-spirit connection, Somatic experiencing can be thought of as a form of mindfulness, specifically involving the use of gentle, physical exercises to release trauma and to bring awareness to the experiences and sensations of the body, in order to heal the whole person. In the first study of its kind, Brom and colleagues (2017) found SE to be effective in the treatment of PTSD. One of the benefits of SE noted in this study is that it allows for the release of stress without clients being asked to tell the stories of their trauma. While SE does not preclude the use of talk therapy, it can be beneficial either in addition or as alternative, depending on what resonates best with the client.

Trauma-informed care (TIC) is inherently holistic, benefitting clients with trauma and substance use as well as the helping professionals who serve this population. The implementation of TIC has made a tremendous impact on communities such as Menominee tribe, where the trauma-informed and culturally responsive Fostering Futures program dramatically reduced substance use (HIS). In studying the effects of trauma-informed care on clients of the Temporary Assistance for Needy Families (TANF) program, Dugan and colleagues (2020)

found a significant correlation between trauma-informed care and both a reduction in depression and in alcohol use.

Clients with trauma and substance use are not the only population that benefits from trauma-informed care. This approach also benefits the helping professionals serving this population in many ways. Two of the most important reasons for this are that TIC assists in understanding clients better and that TIC works as a tool for self-understanding among helping professionals, including psychological mindedness.

Purkey and colleagues (2018) identify five principles as steps to TIC which assist both medical professionals and “other allied health professionals” in understanding clients. The first principle is “Trauma Awareness and Acknowledgment: Step 1 Bear witness to the patients experience of trauma.” This approach is beneficial because it empowers clients to tell their story on their terms (and serves as a start toward eventually re-writing the story and envisioning dreams for the future if clients wish it). It also offers helping professionals an opportunity to show clients that any trauma or abuse which occurred is not the client’s fault (Purkey et al., 2018).

The second principle is “Safety and trustworthiness: Step 2. Help patients feel they are in a safe space and recognize their need for physical and emotional safety” (Purkey et al., 2018). Two components are identified as central to this step: consistency and predictability in the provision of care, and the recognition that clients with a history of ACEs need physical and emotional safety.

The third principle is “Choice, control, and collaboration: Step 3. Include patients in the healing process” (Purkey et al., 2018). The necessity and the benefits of such an approach should be obvious to all helping professionals, especially to social workers for whom honoring the self-determination of clients is an important value. It is important that clients be presented with choices and that helping professionals encourage clients to make informed choices for themselves. For clients with substance use, it is important that the healing process be on the client’s terms, and that any relapses are seen not as a failure, but as opportunities for growth.

The fourth principle is “Strengths-based and skills-building care: Step 4. Believe in the patient’s strength and resilience” (Purkey et al., 2018). It is important that helping professionals move away from viewing the client as a victim and pathologizing the client, toward empowering clients as survivors of ACEs and as active participants in their own healing.

The fifth principle of TIC is “Cultural, historical, and gender issues: Step 5. Incorporate processes that are sensitive to a patient’s culture, ethnicity, and personal and social identity” (Purkey et al., 2018). As will be discussed in greater depth later in this study, the entire colonizing process is one of the major origins of trauma, if not the primary origin. The extent to which the *ongoing* trauma of colonization oppresses people based on culture, ethnicity, gender, and a whole host of other diversity factors, cannot be understated and must be recognized by all helping professionals. Decolonizing is probably the most macro form of

trauma-informed care and is the only way that trauma will ever actually be healed throughout society. It is a task whose scope is vast, including recognizing all land as indigenous, and advocating for land repatriation, reparations, water rights, and indigenous sovereignty everywhere. Yet, decolonizing can also start at the micro level, by honoring the diversity of clients, by actively listening to clients' diverse experiences with curiosity, and by consistently showing cultural appreciation and gratitude both to clients and colleagues.

In addition to assisting helping professionals in understanding clients, trauma-informed care can also assist professionals with self-understanding, including psychological mindedness. Connecting the healing and understanding of trauma both to client and to practitioner, and understanding the interconnectedness of these experiences, is in keeping with holistic approaches. SAMHSA (2014) describes the importance of this connection. For example, many of the helping professionals who treat trauma have likely experienced trauma themselves. Being trauma-informed includes having an awareness that client accounts and symptoms of trauma which arise in treatment could trigger a trauma response in practitioners. Some potential pitfalls which can be avoided through being trauma-informed include practitioners "moving too quickly or deeply into trauma material or by discounting or disregarding a client's report of trauma" (SAMHSA, 2014, p. 9). TIC should include helping professionals practicing self-care in seeking out mental health care for themselves while treating clients with trauma and substance use.

In summary, this qualitative research project endeavors to explore effective treatments for clients with trauma and substance use. The goal is to bring fresh insights to the implementation stage of treatment, which will benefit both clients and the helping professionals who serve them, including social workers. Of particular interest will be the approaches of mindfulness, somatic experiencing, and trauma-informed care. The virtues which these researchers hypothesize to be of great benefit to treatment include compassion, cultural sensitivity, competency, community, and client-centeredness. The balancing of these virtues is what we conceptualize as “the medicine of unifying.” Through interviews with helping professionals who use holistic treatments, these researchers aim to test this concept, and to learn and share the most effective and compassionate ways to help clients heal.

CHAPTER THREE

METHODS

Introduction

This study will explore how help professionals can provide beneficial, culturally sensitive holistic treatments which honor the mind-body-spirit connection for clients with substance use disorders and trauma-related conditions. The purpose of this chapter is to introduce the methods utilized to carry out this research. This chapter will discuss study design, sampling, data collection and instruments, procedures, protection of human subjects, and data analysis.

Study Design

The goal of this research will be to bring to light beneficial holistic treatments for clients with trauma and substance use. For the study design, an exploratory and qualitative approach has been selected. The objective of this approach is to encounter and to learn from a rich variety of personal experiences with holistic treatments which can not be achieved by quantitative methods alone. By conducting interviews with helping professionals, these researchers seek to gain an in-depth understanding of the most beneficial ways to provide holistic services to clients with trauma and substance use. Considerations for the interview questions will include ways to incorporate the virtues of compassion, competency, cultural sensitivity, community, and client-centeredness.

The qualitative research of this study was conducted through interviews using open-ended questions. This will allow participants to share their expertise with holistic treatments that are less well known to mental health professionals. This study aims to shed light on culturally sensitive holistic treatments and to provide beneficial alternatives to more mainstream treatments for clients with both trauma and substance use. Conducting interviews allowed researchers to gather in-depth information about participants opinions, experiences, and expertise. Additionally, researchers were able to ask follow-up questions and clarifying question where needed.

There are some limitations to the chosen method of research for this study. For one, although interviews are meant to provide an element of personal experience, this is likely to be diminished by the fact that interviews were conducted virtually. In-person interviews usually tend to have more personability for which there is no replacement. Due to the tragic conditions of the COVID-19 pandemic and all the risk that it entails, these researchers understood that interviews must be virtual. The authors of this study view this limitation in context. Nothing is more important for social workers than public safety, virtual interviews helped contribute to this value.

Another limitation to consider, which is usually the case with qualitative studies based on interviews, is that the sample size was small. With quantitative study, such as one based on a survey, it would be possible to get a much larger group of respondents which would be more representative of a larger and more

diverse population. However, what research lacks in sample size, it will redeem through depth of experience which is hard to capture from survey. Based on the study's topic of holistic treatments, it makes sense to take a more holistic approach to research which focuses on the human experiences and wisdom of respondents.

Sampling

This research implemented purposive and snowball sampling techniques to gather recipients. The authors of this study sought out helping professionals that we know and respond to offers from recipients. The best data source for this study comes from helping professionals who have experience in providing holistic treatments with clients with substance use disorders and trauma-related conditions. The researchers used minimal recruitment criteria. Participants will be adults and vary in sex, age, gender, and will come from different ethnic backgrounds. To complete this project, the authors of this study interviewed about 6 helping professionals willing to share their experiences working with clients with substances use disorders and trauma- related conditions.

Data Collection

The authors of this study developed an interview guide to gather qualitative data, researchers first asked helping professionals warm-up questions to build rapport. The following questions addressed personal experiences in working with clients with substance use disorders and trauma-related conditions

utilizing holistic approaches. For example, “Can you tell us about your personal experience with holistic treatment?” and “Which treatments have you found most effective when working with clients with substance use disorders and trauma-related conditions?” Furthermore, interviews explored helping professionals’ awareness and responsiveness to clients by asking, “Can you tell us more about how honoring the mind-body-spirit connection is important to help clients heal from trauma?”

Next, researchers asked questions regarding five virtues, addressing each one separately. “I would like to ask a question about five virtues that we as researchers have identified as important to holistic treatment. These include compassion, competency, cultural sensitivity, community, and client-centeredness. Would you say is the best way to demonstrate each of these practices?” The authors of this study will also explore respondents’ personal experiences with mindfulness, by asking, “Do you think that mindfulness is equally important for practitioners as it is for clients? If so, how do you and/or your colleagues practice mindfulness?” And finally, these researchers asked, “Do you feel that trauma is a multidimensional issue which requires a multidimensional approach to healing? If so, what do you think is most important to incorporate into such an approach?”

Procedures

Due to the COVID-19 pandemic and the resultant need for social distancing, the authors of this study conducted interviews via Zoom. Interviews

with helping professionals allowed respondents to share their personal experiences, holistic treatments, and knowledge. During interviews, researchers demonstrated a humble attitude of learning and respected respondents as experts. Researchers asked interviewees' permission for interviews to be audio recorded to uncover emerging themes, patterns, and to have a better understanding of culturally sensitive holistic approaches. Researchers showed respect and gratitude to interviewees for their time and demonstrate culturally sensitivity during interviews.

The Human Subjects Application was completed and submitted. Once completed, researchers solicited interviews primarily from professional contacts. These included individual holistic practitioners already known to the researchers, as well as helping professionals at the internship and partnering agencies who were interviewed individually. Methods of assessment included discussing the interview questions both with each other and with our research supervisor and working to refine the questions.

Protection of Human Subjects

Due to the current COVID-19 pandemic, to mitigate transmission of disease, all studies were conducted virtually. All interviews were conducted via zoom, though other virtual options such as FaceTime or a phone interview were available as well. Researchers did a test run performing sample recordings with each other to ensure that interview recording will go smoothly. The Zoom method afforded at least two forms of protection of confidentiality. For one, Zoom

recordings are encrypted. As another form of protection, these researchers deleted the video portion of interview immediately after recording, and only kept the audio portion until the project is complete.

Another form of protection is the researchers' own professional commitment to discretion which will include never revealing the identity of interviewees. Any interview recordings will not include interviewees' names. The informed consent process consisted of researchers first preparing interviewees before the formal recording by assuring them that actual names will not be used at any point, but instead, pseudonyms will be used. Researchers explained to interviewees that this is to protect their own confidentiality and anonymity. Pseudonyms used when interviewees are quoted or paraphrased in the study. Researchers kept track of who consented and who did not without using real names. After verbally reading the informed consent via audio and obtaining an answer to the question "Do you agree to the consent?" researchers wrote an "X" as signature on a physical copy of the informed consent, then dated the document and wrote down the pseudonym on the form to keep track.

Data Analysis

The researchers of this study collaborated to analyze the data obtained from interviews. Methods used include comparing statements from interviewees with data found in the literature. Researchers confronted their own biases and have an attitude of open-mindedness toward the information received. Themes which were expected to emerge from interviews included challenges experienced

by helping professionals in providing holistic care, ways in which holistic care differs from more mainstream types of treatment, how holistic care can benefit clients with trauma and substance use, how holistic care can benefit clients with trauma and substance use, and how holistic care has impacted helping professionals both personally and professionally.

Summary

This study was conducted using the qualitative and exploratory method of interviews with helping professionalism. Interviews were conducted with the highest degree of professionalism and social work ethics, including protection of confidentiality and anonymity. This was achieved both through technical encryption programs, and through offering interviewees the option not to be recorded which would present a lower risk. These researchers aim both to learn and to offer to realm of social work fresh knowledge and insights about how holistic care can benefit clients with trauma and substance use.

CHAPTER FOUR

RESULTS

Introduction

The following chapter discusses the data collected through interviews with helping professionals who work with trauma and substance use clients. All interviews were conducted virtually to protect all individuals taking part of the research project from the current COVID-19 pandemic. A total of 6 participants were interviewed. Participants were asked individual interview questions and consisted of demographic information such as ethnicity, sex, age, educational background, and job position.

Qualitative Data

According to the demographic data, 2 participants identified as African-American, 1 Latina, 1 Iranian, 1 Native-American, and 1 participant did not identify with any particular ethnicity. The majority of the participants were female with 5 participants identifying as female, and 1 identifying as a male participant. Participants ranged in age from 27-65. When divided into age groups, three were in the 27-30 age range, one was 40-44 age range, and two were 64-65 age range.

Based on the data, all participants have had some college education. Two participants have both a master's degree and doctorate degree. Amongst the two, both reported having a master's degree in Social work. One reported having

a doctorate in Education and the other participant stated having a doctorate degree in Human Organizational and Primarily Systems Development. One participant indicated having a bachelor's of science in Psychobiology and Neuroscience. In addition, the participant discussed having a doctoral degree in Chiropractic and certifications in functional medicine and human therapy. Two participants indicated having a master's degree in Social work and practicing as either a limited license social worker or licensed social worker. One participant reported having some college education and being certified in hypnotherapist, emotion code, NLP, and identifies as a Reiki master.

Each participant indicated that they hold a career or job position as an adjunct professor, CEO for a mental health wellness center, treatment provider at an agency specializing in work with Native American populations, medical social worker, hypnotherapist, chiropractor, and a maternal health social worker.

The participants were asked a total of 11 open-ended questions. The interviews were about fifteen minutes to an hour. Participants were asked about their expertise with holistic treatments. Participants were asked about how they help clients with substance use disorders and trauma related conditions. Participants were asked about their take on the mind-body-spirit connection and if it is important to their practice. Participants were asked about mindfulness techniques utilized in personal and/or professional life. Participants were asked to describe trauma and the impacts of trauma on their clients. Participants were asked about their take on the connection between substance use and trauma,

and if that connection affects their treatment with clients. Lastly, participants were asked about five virtues that these researchers have identified as important to holistic treatment which include compassion, competency, cultural sensitivity, community, and client-centeredness.

Themes

Through analysis of the data, these researchers found the following themes which emerged during interviews with participants, and which shed light on beneficial ways to provide holistic services to clients with trauma and substance use. Such holistic services are egalitarian, both in terms of the client-practitioner relationship, in terms of honoring the mind-body-spirit connection, and in a reliance on larger systems of support. Additional themes which emerged are that holistic services incorporate interventions of trauma-informed care and mindfulness.

Egalitarian

One of the overarching themes that these researchers found in interviews with participants, is the egalitarian nature of holistic practice in clients with trauma and substance use. This became evident on at least three levels: in the relationship between client and practitioner, in terms of the balance and connections which is honored between mind, body, and spirit, and in connecting to larger systems of support.

Client-Practitioner Relationship

Holistic services and treatments that participants described were egalitarian in the interactions between practitioners and clients. One example came from Participant 2, a chiropractor who practices Network Spinal Analysis and other holistic treatments.

I try sit lower than them, so that they're looking down. I always try not to look at them when I'm standing and they're sitting, that they feel like I'm looking down to them. So even just the way I sit, I'm very conscious about how I sit when I talk with them so they're at eye level or lower. I also don't wear a white coat because I believe the white coat brings out anxiety in people. It also brings a sense of authority in people. So I usually try to dress in scrubs or in regular clothing just so that they can feel like we're the same, we're not different. And I think that's also important when it comes to creating more trust between me and my patients. (Participant 2, personal communication, February 2021)

Notable here is the use of regular clothing and of body language that participant 2 uses to signal to clients a sense of equality, and to build trust. Statements from Participant 1, a treatment provider at an agency specializing in work with Native American population, showed both a sense of egalitarianism and of cultural sensitivity in working with Native American clients:

Researcher: How do you engage compassion in practice with clients?

Participant 1: Well, I would say, with respect. You know, to be respectful of the client. For us, I think it's a lot of respect.

Researcher: Perfect, thank you. How do you engage competency in practice with clients?

Participant 1: Well, the competency is twofold. One is that the health practitioner needs to know what they're doing, what they're practicing, what they're utilizing as far as different types of treatment efforts. And it's also the part where the client needs to embody those treatments, if they want to, of course, to be able to go ahead and find that sense of balance.

(Participant 1, personal communication, January 2021)

Significant here is the value of respect among Native American people, the importance of client buy-in to treatments, and self-determination. Another common thread which emerged is that practitioners recommend to clients those practices that work for themselves, but do not recommend those practices which do not work for themselves.

If I use a practice that doesn't work for me, I don't recommend it to clients.

If I do a practice where I see that I'm getting results from it, then I recommend it to clients. (Participant 2, personal communication, February 2021)

Participant 3, a practitioner of various holistic modalities including Emotion Code and hypnosis, made a similar statement:

Personally, before a lot of treatments I've done, before I use it on a client, I use it on myself and make sure that I get results from it. Cause, what better way to understand if it worked on me, then it's like, oh wow! This worked, and these are the results I got. Now, maybe somebody else may not get those results, but then I know kind of what I'm looking for when I use it on another client. So, for instance, Emotion Code. Before I started working with other clients with Emotion Code, I was using it on myself. Also I have friends who will let me work with them too and give me honest feedback, so, not only with myself but with friends. (Participant 3, personal communication, January 2021)

These statements express an understanding of equality that holistic practitioners feel in relationship to clients, an understanding which informs services to clients. While this sense of equality works in stark contrast to authoritarian systems such as Western medicine, it appears as a common thread even with participants who are more connected to these systems. For example, a spirit of egalitarianism came through in statements from Participant 6, a medical social worker:

I think client-centeredness is so imperative. I believe in client self-determination above everything and letting patients decide what their goals are and kind of how they see treatment going. So, if I see that a patient is using meth - that stopping is not something that they want to do right now, like we need to honor that. That needs to be honored. It's their

decision that right now is not their time and when a patient is ready, our assistance be that much more valuable and meaningful and effective because they're ready. So, I think letting patients direct their treatment and let them tell us "Hey, here's what I need you to do for me. Here's my goals and how can you help me get to my goals" is a lot more effective.

(Participant 6, personal communication, February 2021)

What comes through in all of these statements is a sense that services and treatments are client-led and self-determined. Respect for each client is paramount. Although holistic practitioners have professional competencies, they do not hold themselves in a place of authority or think themselves more powerful or important than clients. Instead, holistic practitioners empower clients as equal partners and as the agents, leaders, and experts of their own lives and experiences.

Mind-Body-Spirit

The importance of the mind-body-spirit connection was apparent throughout interviews. Although this was part of interview questions, these researchers found that in some cases, mind-body-spirit emerged as an important topic independently before participants were asked about it. For example, when asked about his personal experience with holistic treatment, Participant 1 stated:

Well, I work through systemic change. Systemic change is where you touch all pieces. So mind, body, and spirit, you know? It's a holistic approach. Even at [Agency], our services deal with Housing, Economic

Development, Workforce - helping people get jobs- Education, so it's a holistic approach. Healthcare, especially in the area of both physical and mental health. So we approach our programs and services in a very holistic way. (Participant 1, personal communication, January 2021).

This perspective is unique because it combines concepts of micro and macro level social work and shows how these are connected holistically. It indicates that the practical support of housing, education, employment, and economic development are also connected to supporting clients' health at the levels of mind, body, and spirit. Later in the interview, when asked specifically about the mind-body-spirit connection, Participant 1 linked this concept to Native American cultures:

Well, that's always been the cultural way of Indian people. Even though we have over 560 tribes across the United States, we all have our different customs and ways to do things. That's the common thread. Some people call it pan-Indianism, you know, it's a common thread between our tribes. It's a necessity to have all these things in balance that you just mentioned. So it's very important to Indian people and Indian culture. We believe it quite often. Again, each tribe's a little different in how they do it. But, it's certainly important to every one of us. (Participant 1, personal communication, January 2021).

This statement demonstrates the participants perspective that for Native American people, the balance between mind, body, and spirit is very important,

and is also a concept that unifies the tribes. This perspective can help holistic providers working with Native American clients with trauma and substance use, because it can contribute to cultural sensitivity and connection with clients. Since Native American cultures typically place a great emphasis on egalitarianism socially and as a way of life, it makes sense that this understanding of equality also extends to mind, body, and spirit within people. It might be helpful to explore in a future study, not only how the mind-body-spirit connection is understood and observed within specific tribes, but also how these concepts apply to the collective. For example, do tribes themselves have a mind, body, and spirit? If so, what does that look like, and how do tribes maintain a healthy balance both for individuals and the collective?

Another way that the mind-body-spirit connection came to light in interviews has to do with the healing power of touch that holistic practitioners may use. By contrast to Western medicine which places much more emphasis on pathologizing and prescribing medications, holistic care often involves physical contact between practitioner and client to provide healing:

By just them coming in to me and me coaching them and then motivating them and by just touching them and by just feeling loved, something is changing. (Participant 2, personal communication, February, 2021)

Of significance here is not only the idea that the holistic use of touch can provide healing, but also the somewhat revolutionary concept that clients can

experience healing when they feel love from their healer. This might seem like a simple concept, but for social work, which emphasizes both compassion and professional boundaries in practice, this idea of loving one's clients may be controversial. Certainly, for social work, the use of physical touch is unlikely to be appropriate in most contexts. However, the healing power which can come from holistic care, such as the chiropractic care provided by Participant 2, should not be underestimated. While social workers would most likely not be the ones to provide this type of care unless they have training and certification to do so, they can both refer clients to and partner with such holistic care providers. By connecting clients to resources such as chiropractors where appropriate, social workers can demonstrate both love for humanity and compassion for clients. These connections provide an option for clients to heal their minds, bodies, and spirits in ways that otherwise might not be possible.

Another contribution from Participant 2 gives insight into the mind-body-spirit connection within clients:

I truly believe that the direction between the mind and body is bidirectional. For example, for a lot of people, we were under the belief that the brain is what controls all the other parts. And now, today, we know that the heart sends more signals to the brain than the brain sends signals to the heart. So, we actually have 3 different nervous systems in our body. We have the brain, which is called the central nervous system, we have the heart, which is called the heart intelligence, and we have our gut. So,

even though we think that the brain controls everything, but these little nervous systems in the body are also sending signals to the brain and also they're changing our psyche. Our psyche is vast, so there is never - we don't really - it's so hard to know the psyche because there is just so much to know, but we know a lot about physiology and we know that when something changes in the physiology it changes the mind and when the mind changes, it changes the body, and as somebody who has done hypnotherapy, I have seen this multiple times that as you give positive suggestions to the client, even if they are in a lot of pain, the positive suggestions in themselves, the perspectives change in themselves can change a sensation that they're feeling in their body. And then, there is a bidirectional relationship as they change their eating habits and the inflammation in the body decreases, they start to feel better in their mind, they're starting to feel less depressed, less anxious. (Participant 2, personal communication, February 2021).

One of the things that is so interesting about this passage is that it shows the importance as well as the limitations of working at the level of the mind. The "positive suggestions" that Participant 2 provides to clients show that the mind affects the body directly, because these positive suggestions contribute to body healing. The term "bidirectional" is very important here because the intelligences of heart and gut have at least as much, if not more effect on the brain than what the brain has on those systems. It is clear from Participant 2's statement that

healthy practices benefitting one of these three areas will affect all the others; they are interconnected.

Larger Systems of Support

These researchers found holistic care to be egalitarian in how practitioners connected clients to larger systems of support.

So, I do this by referring to community organizations often- in my area we have the Hispanic Center, we have a refugee education center. I really find those opportunities to make our clients feel part of a bigger community and a bigger support system. When you're dealing with substance abuse and trauma clients, a lot of times they feel alone in their struggles, they feel misunderstood and judged. So, if we can connect them to a community then I think that's very important. (Participant 4, personal communication, January 2021)

One reason that this connection to larger systems of support is egalitarian is that it is culturally relevant. For example, Participant 4 demonstrates client-centeredness in a holistic way by connecting clients to centers which specifically serve the Hispanic community and refugees. Noteworthy from this statement is that clients with trauma and substance use may already feel "misunderstood and judged." If services provided are not culturally relevant, particularly for ethnic minority groups, clients may feel these emotions even more strongly. On the other hand, services which are culturally relevant can provide an antidote and an alternative to the experience of being judged and misunderstood. By connecting

clients to culturally relevant services, holistic practitioners can provide healthy coping mechanisms.

Larger systems of support also help to shift the dependence which clients may feel on one practitioner. Another advantage to utilizing larger systems of support is in the area of sustainability. When termination of services occurs, such as in social work, clients with trauma and substance use could be at greater risk for feeling isolated and for relapse into substance use in order to fill the void left by the practitioner. Larger systems of support can assist with continuity of care, and provide a sense of greater security and support for clients. Meaningful, culturally relevant connection to community has the power to take clients from feeling marginalized and alienated to feeling supported, understood, and empowered.

Culture itself is a larger system of support which can be very healing for clients with trauma and substance use. Participant 1 demonstrated this when asked about cultural sensitivity:

Well, for us that's extremely important, because it needs to be culturally relevant to Indian people. That's why all the stuff we've been doing, like what you've been doing a little bit this last year, this current year, is all the stuff that we've been doing is all culturally relevant. 'Cause we want to make sure that it works for our Indian people. And what works for one group might not work for another group. So all the stuff that we do is culturally relevant. (Participant 1, personal communication, January 2021)

An important point is made here, is that cultures differ between tribes, and what works well for one may or may not work well for another. It is important for practitioners to be cognizant of the diversity which characterizes Native American clients, and all clients, in terms of culture and life experience. It is also important to realize how much connections to culture and community can benefit clients.

Holistic chiropractor Participant 2 shared her efforts to connect clients to community building and holistic activities:

So, before COVID-19, there were so many different retreats that I would have quarterly, and uh, the retreats were meant so that people would meet each other and they would do different activities together, whether it was, you know, we've had different ones whether it was sound healing, whether it was doing different types of breathwork together, we had like, cacao ceremonies, uh, we had one people arrange flowers together, and I thought it was really really important for their healing process. We also had – that's how you and I met – we had the fairs where different vendors came in, and then I let my clients know that they can come in, and just see what the vendors have and I think that was so important for their healing. Especially from the retreats where it was like a long day where people did breathwork, a lot of healing happened cause a lot of times people came in with their family members where they did different activities together. So, and I just cannot wait for this COVID-19 to be over so that we can engage people the same way. So that they know that they're not the only ones

going through this process. Other people are feeling similar pains, other people are going through the same process, and I think, to know that they're not alone is very empowering for their healing process. (Participant 2, personal communication, February 2021)

While not explicitly stated, Participant 2's recommendation for activities such as flower arranging and cacao ceremonies indicates that connecting clients to natural and earth-centered experiences may be of holistic therapeutic value. The importance of the connection to family and community comes through very strongly in this statement. From a holistic perspective, one could look at healing as having a connection to increasingly larger systems of support - family, community, Earth.

Connecting with Earth was found to be significant in that two participants mentioned gardening as a personal practice:

For myself, it's the same thing. It's to keep myself centered, and continue a well balance. Everybody has different techniques, you know. Mine is actually gardening, touching the Earth. That helps me continue a sense of balance. (Participant 1, personal communication, January 2021)

Participant 3 also uses gardening as a holistic personal practice:

Yes I do use mindfulness, and I do suggest with clients, and whatever I do, I will suggest to clients. One of the things that I love to do is garden, and just watering the grass, and watching the water flow out of the hose. (Participant 3, personal communication, January 2021)

The importance of connecting clients to Earth was also implied by

Participant 5:

I do a lot of mindfulness activities. I do deep breathing activities. I incorporate essential oils in my treatment also. So, to help them get centered - particularly when I have clients who coming in they're like all over the place so I actually would turn off my lights because I have lamps so I have different types of lamps in my office and so when I see that they're really highly activated, I turn the lights off so the overhead lights, and then I just have my lamps and then we will go through a mindfulness activity or a breathing activity to get them centered. And then I also incorporate grounding techniques and so we go over all that as well.

(Participant 5, personal communication, February 2021)

Gardening is perhaps one of the best and most significant ways to connect with Earth. Use of essential oils connects clients in a holistic way to the benefits of plants, the gifts of Earth. Grounding techniques help clients bring a sense of mindfulness to their connection to Earth which is a birthright essential to the health and wellbeing of all people.

Participant 1 shared how the nonprofit agency works as a larger system of support for Native American communities:

I think we're on the right path as far as healing. All this trauma and substance abuse that Indian people have faced for so many years, I think it's a long road, but we're on definitely the right path. Some tribes are a

little further ahead than others. So, I think [Agency] efforts is to bring that inner balance, to help our Indian Nations, our Indian reservations, with systemic change, permanent systemic change, that's sustainable. That's super important to us here at [Agency] and of course to the tribes themselves. You don't want to start something and then it ends, you know, and then you go back to the same thing from before, you know. So, ours is, for instance, to reduce suicide rates. We want to maintain that. It's young people killing themselves basically. It's not the elderly, it's young people. You know, hanging themselves or doing whatever else to kill themselves. So, our thing is to have permanent, sustainable reduction of suicide rates on reservations. And that goes for all our programs and services that we offer here at [Agency] with the tribes. (Participant 1, personal communication, January 2021)

Particularly with regard to social work, it is important to recognize that holistic approaches are significant not only for micro work such as therapy, but also for macro level work such as the services that the agency provides. By linking clients to a number of practical resources such as financial support, healthcare, housing, and mental health services among many others. These types of resources helps bring a sense of balance to the whole person and to whole communities of Native people. Combining this practical support with cultural relevance and community can go a long way both to reduce substance

use, trauma, and suicide, and to help prevent these from happening in the first place.

Trauma Informed Care

Trauma informed care was brought up by every single participant in our study. Participants reported that there is an underlying trauma clients face that can often lead to substance use. Many clients may be unaware of the trauma. As participant 4 reported:

The pregnant women I work with often share very traumatic experiences in their lives and they don't always recognize the connection that it has with their mental health, or substance use. So, we talk about it and we bridge that connection so that they are more open and understanding with seeking treatment. That's why I believe trauma informed care is so important. (Participant 4, personal communication, January 2021).

Another participant indicated that many of their clients are dealing with "unresolved trauma," as illustrated by this participant:

I think most substance use is the result of something- be it unthreatened mental or physical health, be it unresolved trauma, be it poor self-esteem. Something is causing people to use beyond recreational use. (Participant 6, personal communication, February 2021)

Some participants indicated that they believe that substance use is often used as a way to cope or heal from trauma. One participant stated:

I do think there is a correlation between trauma and substance use because what typically happens is when you have people who have a issue with substance and they have experienced trauma, then if they haven't processed the trauma, they lean towards this substance as a way to numb, as a way to avoid, as a way to not deal with the trauma or as a way to be able to just maintain and get through the day kind of thing so it normalizes it so there definitely is a connection. (Participant 5, personal communication, February 2021)

Similarly, one participant reported, "Absolutely, I think that substance abuse happens when people want to somehow heal the wound of the trauma." (Participant 2, personal communication, January 2021). As a result of clients being unaware of their trauma this can often lead to substance use. Some participants reported they use trauma informed care to help clients with both substance use and trauma related concerns. As illustrated by this participant:

So for instance, we have a program called Trauma Informed Care that was developed by the Menominee Tribe in Wisconsin. And that deals with Trauma Informed Care because Indian people suffer from cultural trauma, historical trauma, intergenerational trauma, and current trauma. And to help American Indian people, you have to have programs that are culturally relevant. So this group actually developed a culturally relevant program to help in trauma care. (Participant 1, personal communication, January 2021)

One participant reported forms of trauma that are not often considered, but which are significant such as physical, emotional, and chemical trauma. This participant stated:

I would say that sometimes trauma can be different. Sometimes people have physical trauma when they are physically injured. I also think there is emotional trauma when they are emotionally abused. Also chemical trauma when people are exposed to mold, exposed to toxicity, they're exposed to medications that have caused long-term trauma in their cells. I also think chronic stress can be traumatic for the body, so I would say there are different types of traumas. And by asking the right questions, we can figure out what type of trauma the person has. Most of the time, when we talk about trauma, people are thinking about physical or emotional, but I also think that there is a big element of the chemical one that we don't talk about often. And I think the chemical one comes from the food that we're eating and the environment that we're exposed to. (Participant 2, personal communication, January 2021)

Therefore, the data gathered from participants illustrates how trauma-informed care can be a beneficial treatment when working with clients with trauma and substance use. It is also vital to acknowledge that to treat trauma effectively, it is important that mental health professionals including social workers understand that there are different forms of trauma. Participants in the study discussed that trauma can be physical, emotional, chemical, cultural,

historical, intergenerational, and current. Participants in the study reported that many of their clients are often dealing with trauma that they are unaware about. As a result, trauma informed care is crucial in order to prevent further traumatization and provide clients with healthy coping mechanisms.

Mindfulness

One of the central themes that these researchers found in interviews with participants is that of mindfulness. Perhaps the most important thing to understand about mindfulness is that it is an awareness. Mindfulness showed up in diverse ways in interviews with participants, but the commonality was that mindfulness was important to all participants. When asked about mindfulness, Participant 1 connected this concept to Trauma Informed Care in working with Native American clients:

I think it's all part of bringing a sense of balance to the individual. It's an awareness of their surroundings, or conditions, or what they're suffering from. Like in the Trauma Informed Care program, for instance, you know. With those four pieces of trauma, trying to figure out is it intergenerational, or historical, or cultural, or maybe a combination of all that stuff. Yeah, we utilize that quite a bit. (Participant 1, personal communication, January 2021)

Significant here is that mindfulness is used both by client and practitioner, to combine awareness of the client's present conditions with an awareness as to the type/s of trauma which the client may be experiencing. In addition, this

statement implies the importance of cultural sensitivity as well as understanding. In work with any client, practitioners should get to know the cultural factors which come into play, and this is especially true with Native American clients. For example, with education and awareness about the intergenerational, historical, cultural, and current traumas that Native people experience, the practitioner can be mindful and respectful in practice with Native clients.

Going back to the theme of egalitarianism, particularly for non-Native practitioners such as social workers, treating Native clients as experts of their own lives, experiences, and cultures, can also mean that practitioners look upon themselves as learners and clients as teachers. Holistic practitioners may provide psychoeducation and help clients to find an awareness, or mindfulness of trauma including sources of trauma and how it affects the whole person. Yet it should not be neglected or forgotten that clients are equally capable of teaching mindfulness to practitioners, bringing an awareness of cultural, intergenerational, historical, current, and lived experiences. With cultural humility, holistic practitioners can partner with clients to bring an awareness to trauma. Through active listening, practitioners can work with clients to identify services and interventions which are culturally relevant, client-centered, self-determined, and healing.

The importance of mindfulness also emerged in a statement from Participant 4, who identifies as a maternal health social worker:

Yes, I'm a big mindfulness fan! I use it in my personal life - deep breaths, body scans, progressive muscle relaxation. And that's something that I highly recommend to my clients and do with them during our visits. I hear a lot that they don't have time for this, they have so much going on at home that it can be difficult to focus or really see this as a beneficial thing, but I present it in a way that this can be done anywhere at any time. (Participant 4, personal communication, January 2021).

This statement is another example of a pattern noted earlier, where holistic practitioners tend to recommend methods to clients which have worked for themselves. In addition, Participant 4's statement gets to the heart of what mindfulness really is. As opposed to meditation which is a type of mindfulness but is a more formalized practice which involves setting aside time and getting into a comfortable space to observe one's thoughts, mindfulness involves bringing awareness into the present moment even during activities of daily living. When asked about incorporating client-centeredness in practice, the distinction between meditation and mindfulness emerged in a statement from Participant 3:

Client-centeredness is important. I will suggest meditation. Connecting with oneself is so important. A lot of people out there are just so disconnected from their own mind, body, and spirit. So I will often suggest meditation, and if they can't do that, well then take a walk. Tune in to how you're feeling. Tune in to nature. If you can't take a walk, if you're washing the dishes, be mindful. Kind of tune in to how the soap feels on your

hands and the softness or the squeakiness of the dishes as you're rinsing and that's just kind of tuning into your own body too and getting centered so to speak without the mindset of "oh, I hate meditating." It's a distraction, but not, if that makes sense. (Participant 3, personal communication, January 2021).

Notable here is that Participant 3 encourages clients to take agency in their own healing process and interventions. In addition, this statement suggests that while meditation is a worthwhile and recommended practice, mindfulness during activities of daily living, such as washing dishes, may be more practical for and more appealing to clients. Though not explicitly stated, these less formal mindfulness practices may also work better than meditation for clients who are socioeconomically disadvantaged and who have no choice but to work long hours. This is not to say that mindfulness would be easy to incorporate in all work settings, but only that it is possible in a variety of settings. Bringing awareness to one's actions and state of mind would also likely contribute to worker safety, especially if it were encouraged in all workplaces. Practicing mindfulness is a holistic approach which can work for a variety of settings, cultures, lifestyles, and personal preferences. Thus, mindfulness is in many ways egalitarian.

In her work as a holistic chiropractor, mindfulness is an integral part of Participant 2's practices with clients, especially in understanding and healing trauma:

Usually when people come to me, they have some kind of pain whether it's emotional pain or whether it's physical pain. We start by bringing their awareness to their body. You know, we start with just breathing process and just helping them tap into their body instead of being in their mind. This mindful process helps their level of awareness from their body and then you know, we, through the breathing process and the meditation and just bringing the focus into the body, they start to have more awareness of where they're holding their traumas in their body. And they also start to notice how their body just changes as they get care, so they notice that small changes as they accumulate, they create bigger results. So then we go a level deeper once we bring the person into that state of awareness where they have the motivation to want to change their life. Once they get into that space where they feel motivated that they want to change something, maybe it's an exercise habit or maybe it's just an eating habit or maybe it's just doing their substance abuse a little bit less, that's when we go into nutrition, so usually we either order bloodwork or they do an assessment form, or they can do their DNA analysis based on those results, we start to give them some kind of nutritional protocol that includes how they need to eat, but also what supplements they need to take based on what they're maybe missing. There are a lot of females that have anemia, a lot of females that have thyroid issues. So there is always an underlying condition, especially when it comes to traumas and anxiety,

and I think part of it is because when we start to feel really, really bad, we're not thinking about ourselves, we're not thinking about loving ourselves and eating so that we would feel better. We go into this space of just wanting some kind of relief and a lot of people go into food and they usually go into bad foods. They go into alcohol, they go into marijuana, they go into eating a lot of sugars, and they go into bad food. So by just bringing the awareness of the repetitive behaviors that are taking you to use food as medicine in a way that brings you, like, instant gratification through like the sugar or the chocolate, or whether it's through alcohol, it's just making them aware that it's just giving them a short-term solution and it's taking away their essence, it's taking away their vitality. So once they go into that space I coach them in how they need to eat, and what supplements they need to take based on their bloodwork, based on their DNA, based on some kind of assessment that I have uh that will indicate what they will need to take because everybody's very different. Then, the other level is that they do more breathwork and as they show up more, and as they increase their awareness of different body parts, we get to a part where the somatic work, the breath work causes some kind of emotional release, and that emotional release usually tends to be really big. Either they have big realizations or they have like a big emotional release and I think this is done because as they do the work that I do, their level of awareness increases. And, that awareness is what creates the

change because once you're able to observe your own mind, observe your own behaviors, observe how your own behaviors are causing your destruction, then that's when people take big responsibilities. And I think the other part is also having the energy to be able to change your patterns, so I think what also happens is that as their awareness increases, their level of energy increases because they're creating some small changes. Uh, they're walking a little bit more. By just them coming in to me and me coaching them and then motivating them and by just touching them and by just feeling loved, something is changing. Maybe the fact that I'm someone that shows my love to them so openly, they start to love themselves more. Because a lot of my clients tell me you care about me more than I care about myself, and maybe that realization brings for them to care more about themselves. So even those little changes, they lead to big changes in the long term. Even if you made a change, one person change every day, it leads into a 36% change in the year. But if you decline by 1% in your habits, it leads to zero. So it's really interesting how very small, very small changes can lead into big results. And I think that's what happens with the work that I do. (Participant 2, personal communication, January 2021)

This passage shows a significant correlation between mindfulness and improved health for Participant 2's clients. The term "awareness" is a strong theme here, which is the essence of mindfulness. Here, we see a connection to a

concept that was explored earlier in this study, that of somatic experiencing. As a holistic practitioner, Participant 2 encourages clients to bring awareness to somatic, or body experiences, rather than just staying in the mind. This helps clients to gain an awareness of where they are carrying traumas in the body, awareness around what coping mechanisms are being used, how these affect the body, how to create positive shifts toward a healthy lifestyle, and ultimately, to release the trauma and to heal.

Summary

The holistic interventions that arose during interviews with helping professionals who work with clients with trauma and substance use include an egalitarian approach, both in terms of the client-practitioner relationship, in terms of honoring the mind-body-spirit connection, and in a reliance on larger systems of support. In addition, participants shared that trauma-informed care and mindfulness were both beneficial treatments for helping clients with substance use and trauma related conditions. This chapter will discuss the resulting data gathered from the interviews.

CHAPTER FIVE

DISCUSSION

Introduction

This chapter will discuss the resulting data gathered from the interviews. The study was qualitative, exploratory research project that examined holistic treatments for clients with trauma and substance use. The study explored the question: how can helping professionals provide beneficial, culturally sensitive holistic treatments which honor the mind-body-spirit connection for clients with substance use disorders and trauma related conditions? In this chapter, the research's limitations, strengths, implications for social work research, research recommendations, and conclusion will be discussed.

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Social work and other helping professions often utilize medications and well-known therapies such as Cognitive Behavioral Therapy in work with clients with trauma and substance use. While medications and more mainstream interventions have shown to be useful in some cases. On the other hand, we can infer that these practitioners, and the clients they serve, perceive these holistic practices as being beneficial in a way that more mainstream treatments have been. That includes holistic practices such as mindfulness and trauma informed care, especially when provided in a culturally relevant way.

One of the major themes which arose from interviews with holistic practitioners is that holistic approaches to care are egalitarian. This is shown in interactions between clients and practitioners, which focus on partnership, in contrast to the hierarchy often present in the medical model and other Western models. Holistic care was also found to be egalitarian in the interconnectedness and the equal importance of mind, body, and spirit. The mind-body-spirit connection was discussed as being an integral part of Native American cultures. This is important for practitioners to know in order to practice cultural sensitivity and to provide services that are culturally relevant. In addition, egalitarianism emerged in connections to larger systems of support which were found to be beneficial for clients with trauma and substance use.

Another theme which came to light during interviews is the importance of trauma informed care (TIC). Though this is a relatively well-known concept in

social work and other helping professions, there is still much work to be done in understanding how best to provide it. Trauma Informed Care is highly complex, for so many reasons. As discussed in the findings in Chapter 4, trauma can be physical, emotional, chemical, cultural, historical, intergenerational, and current. These researchers acknowledge that there are probably many more types, the discovery and discussion of which are beyond the scope of this study but which would be valuable to explore in future research.

Participant 2 discussed chemical trauma as a less well-known type. While not explicitly stated, certainly chemical trauma could come from consumption of produce treated with pesticides which are rampant in industrialized nations such as the United States. Consumption of processed foods and lack of access to nutritious foods are other potential sources of chemical trauma. A connection can be drawn between the chemical trauma that Participant 2 noted, and her encouragement and education of clients on how to heal the body through good nutrition. Other forms of chemical trauma could come from pollution of the air and water. All of these are reasons why social workers have a responsibility to advocate for good nutrition and the availability of organic food for all people, especially those who are socioeconomically disadvantaged. Social workers and other helping professionals also have a duty to advocate for environmentally sustainable energy sources.

Culture plays a significant role in understanding trauma because certain populations, such as Native American and other ethnic minority groups, have been and continue to be traumatized by the forces of colonialism, racism, and other crimes against humanity (Billiot et al., 2019). Perhaps one of the most important components of trauma-informed care involves actively listening to clients to get the best insight possible into their diverse experiences. Social workers and other helping professionals can also work as advocates against colonialism and racism, as unfortunately they are not merely historic injustices but are ongoing sources of trauma to this day.

Finally, a major theme which emerged in interviews with participants was that of mindfulness. The most important aspect of mindfulness is that it involves awareness. In this sense, there is a strong connection to Trauma Informed Care, which involves practitioners becoming aware of sources and symptoms of trauma, and helping to bring this awareness to clients (SAMHSA, 2014). Mindfulness was found to be useful for helping clients to notice feelings and bodily sensations during activities of daily living and in the present moment, to become aware of trauma that is carried in the body as well as the mind, for building awareness of coping mechanisms so that clients can make healthy changes when necessary, and ultimately for releasing trauma.

Limitations

One of the limitations of the study was the small sample size of 6 participants. Due to COVID-19 and a limited time frame, it was challenging to recruit participants. However, the data collected from the few participants in the study provided these researchers with deeper insight into beneficial holistic treatments for clients with trauma and substance use. Another limitation of the study was the interview guide that was created by the researchers. In retrospect, these researchers would have liked to have asked questions both around the importance of earth-centered interventions, and of earth-centered spirituality in the personal and professional experiences of holistic practitioners. These researchers would have liked to explore both attitudes and experiences around the ancient practice of Shamanism, the purpose of which is to heal any imbalances in the relationship between human beings and Earth, and the practice of Earthing, that is, getting into physical contact with the ground on a regular basis. It is the opinion of these researchers that these topics are of great potential for future research.

Strengths

This study confirmed that holistic care is relevant for both for clients with trauma and substance use and for practitioners. Findings showed that helping professionals tend to use similar holistic methods for personal use as what they recommend to clients. Although the sample size was relatively small, it was quite diverse especially in terms of the cultural and ethnic backgrounds of participants.

The sample was also diverse in terms of the professional backgrounds of participants. Patterns which emerged among this diverse group may provide unique insight into holistic services for clients with trauma and substance use. The five values which guided interview questions: compassion, competency, client-centeredness, cultural sensitivity, and community, each held importance for the majority of participants. Interventions of trauma-informed care and mindfulness emerged throughout interviews, attesting to their usefulness for holistic practitioners, and benefits in working with clients with trauma and substance use. Both in terms of the client-practitioner relationship, of the mind-body-spirit connection, and of connecting clients to larger systems of support such as Earth and community, holistic care was found to be egalitarian.

Implications for Social Work

Practice

The importance of trauma-informed care has so many implications for practice. People with unresolved trauma often have difficulty with positive emotions. Those who use substances often do so in order to cope with trauma which has not been addressed. Trauma-informed care involves building a consciousness of these patterns which leads to a greater sense of empathy in working with clients. Participant 6 described compassion as being empathy and action (Participant 6, personal communication, February 2021). Compassion is central to trauma-informed care. There is a mantra within the practice of trauma-

informed care, that practitioners should ask not “what’s wrong with you?” but “what happened to you?” Taking into account cultural considerations such as historical and current trauma, cultural beliefs, cultural responsiveness and relevance of services can go a long way to help mitigate the effects of trauma, and to help prevent retraumatization.

Honoring client self-determination emerged as very important to participants across interviews. This is significant to practicing trauma-informed care because often people who are traumatized have had their own choices taken away. When practitioners treat clients as equal human beings and as partners rather than judging or patronizing, they develop the opportunity for more buy-in with clients. When clients see that practitioners want to work with them in ways that do not involve manipulation or coercion, but instead involve encouragement and compassion, clients are more likely to make positive changes for themselves which are self-determined, healing, and empowering.

One aspect of this study which these researchers found interesting were the connections drawn not only within holistic practices themselves (such as mind-body-spirit) but even connections between different types of holistic treatments. For example, when asked about mindfulness, Participant 1 made a connection to trauma-informed care. Mindfulness, as he described it, can help to bring an awareness to what type or types of trauma are experienced by clients, such as intergenerational, historical, cultural, or perhaps a combination

(Participant 1, personal communication, January 2021). This shows the importance of mindfulness, or intentional awareness, not only as an intervention to offer clients, but as integral to enhancing understanding of clients on part of practitioners.

Another benefit to mindfulness which emerged as important was increasing awareness of the mind-body-spirit connection, including awareness of emotions and trauma and where these are felt in the body. By using methods such as deep breathing and body scans, and encouraging clients to bring awareness to the body instead of just being in the mind, practitioners can help clients to heal from trauma (Brom et al., 2017). When clients become more aware of what type of trauma they are carrying and where it may be manifesting in the body, clients then become empowered to release the trauma and to heal through making positive changes such as better nutrition, exercise, and perhaps seeking holistic care such as chiropractic care.

Finally, implications for practice in social work and other helping professions include findings in this study that holistic care is egalitarian. Perhaps the most healing value that practitioners can demonstrate with clients is that of respect, which is an important component of practice that Participant 1 emphasized. Respect and compassion are intimately intertwined, and respect is only possible when clients are treated as equal human beings. Clients who are traumatized and who abuse substances are likely to have a low level of self-

respect, because quite often they have experienced a lack of respect from others. This study also showed the importance of respecting the whole person: mind, body, and spirit and of honoring the whole person in treating clients with trauma and substance use. Another important aspect of this finding that holistic care is egalitarian is the connection to larger systems of support, such as Earth and community which were important to many participants. One of the major implications of this is that helping professionals should advocate for the rights of Earth, as well as the rights of clients. In his 1980 address, indigenous activist John Trudell said: “We must go beyond the arrogance of human rights. We must go beyond the ignorance of civil rights. We must step into the reality of natural rights because all the natural world has a right to existence” (Trudell, 1980). Perhaps the most important defining characteristic of holistic treatment is the premise that we are all connected. A Buddhist proverb says, “everything is connected, everything changes, pay attention.” Mindfulness can help bring both clients and practitioners to an awareness of the connections both within themselves, to others, and to all that lives.

Policy

Currently, there is no policy that MSW students are required to receive trauma-informed care training or have mandatory workshops that will help to better serve this population. As researchers, we feel that it is important, now more than ever, to incorporate trauma-informed care education and/or workshops into the MSW curriculum. Adding a trauma-informed care workshop

and/or class with the COVID-19 pandemic in mind would be an asset to the MSW program. This workshop should address how for many people the pandemic exacerbated trauma around, economic insecurity, death, mass murders, racism, and violent acts happening nationwide. Especially, considering the historical and multigenerational trauma, that has been amplified by the COVID-19 pandemic and is further traumatizing people of color (Kira et al., 2020). Adding trauma-informed training into the MSW curriculum would help increase competence in how diverse groups are uniquely affected and address the issues that their clients are still facing post COVID-19 pandemic.

Making connections between individual and collective types of trauma is an important aspect both to understanding trauma and to healing it. In his Letter from a Birmingham Jail, Dr. Martin Luther King, Jr. said: "Injustice anywhere is a threat to justice everywhere. We are caught in an inescapable network of mutuality, tied in a single garment of destiny. Whatever affects one directly, affects all indirectly" (King, 1963). Trauma-informed care cannot be complete without advocating with communities who have experienced historical trauma, who have always resisted oppression and who continue to resist today, such as Black, Indigenous, and People of Color (BIPOC). It cannot be complete without advocating for Earth and her rights. Therefore, helping professionals and especially social workers have a duty to join Indigenous people in movements such as water protection, by opposing oil pipelines, especially those which threaten traditional Native homelands. Stop Line 3, as one example, is an

important movement which is currently gaining momentum. This oil pipeline threatens the drinking water of millions of people, especially those in Native tribes. These researchers recommend taking action to Stop Line 3 and other oil pipelines, because counseling people who are traumatized is not enough. To get to the root of the problem, it is essential to advocate for an end to the whole colonizing process, which is the primary source of trauma. One step can be taken as simply as visiting the website and signing the petition to Stop Line 3 (StopLine3, 2021). Many other organizations such as Honor the Earth, Pachamama Alliance, and Global Alliance for the Rights of Nature are working to protect Earth and Water, as well as indigenous people's rights and these are excellent avenues to pursue such activism (Billiot et al., 2019).

In addition, it is important that helping professionals advocate for trauma-informed care which is culturally relevant. While an in-depth look at culturally competent practices with several ethnic minority groups is beyond the scope of this paper, these researchers contend that further research should be conducted in these areas. Since this paper focused most closely on best practices with Native American clients, we would like to provide some relevant resources. From the U.S. Department of Health and Human Services' Administration for Children and Families, a toolkit is provided for "Resources Specific to American Indian / Alaskan Native (AI/AN) Communities" (ACF, 2021). Among the many resources that this toolkit provides are links to the Indian Country Child Trauma Center. The website provides resources such as a brochure *Trauma in Indian Country: A*

Guide for Professionals (ICCTC, n.d.). This resource is concise and brief. A lengthier resource from the same website called *Historical Trauma among the Native American Population: What Service Providers Need to Know* (Bigfoot, 2006). gives a much more in-depth exploration of historical trauma including damage done by boarding schools and missionaries, U.S. federal policies, types of trauma including multiple (complex) trauma, the connection to substance use, and recommended interventions. Another recommended source is the YouTube video by Don Coyhis called *How to Conduct Talking Circles* (Coyhis, 2012, 21:21) which teaches that “Recovery is a Process not an Event.” The holistic practices in this video are culturally relevant to and developed by Native people, and they include teachings from the Native American medicine wheel. Another resource by Don Coyhis is an article on the Wellbreity movement which describes The Four Laws of Change from a Native perspective including the idea that “you must create a Healing Forest” (Coyhis & Simonelli, n.d.). This demonstrates the importance of storytelling in work with Native Americans. Perhaps most importantly, the story of the healing forest is about how healing must happen at the community level if it is to be sustainable and meaningful. Native people have always understood that healing does not happen in isolation. In these difficult pandemic times, perhaps the most important message that these researchers would like to share is that the greatest medicine is that of unifying through meaningful connection. This involves bringing an awareness to the

needs of mind, body, and spirit not only of individuals, but of communities and of Earth.

Research Recommendation

This study brought to attention future research opportunities. One recommended research opportunity is exploring the forms of trauma each ethnic group is affected by and their unique holistic, cultural ways of healing. These researchers acknowledge that there are probably many more types of trauma, the discovery and discussion of which are beyond the scope of this study, but which would be valuable to explore in future research and its connection with substance use. Recommended trauma to explore is Post Traumatic Slave Syndrome (PTSS) which explains the multigenerational trauma of African Americans beginning with chattel slavery (DeGruy, 2005). Multigenerational trauma in Asian communities in the form of natural disasters, war, violence, oppressive regimes, and other traumatic factors (American Psychological Association, 2020). Resettlement trauma and pre-resettlement trauma in the Latinx community, such as events that occur during immigrating to a new location and that occurred after moving to a new location (Kim, 2016). By exploring marginalized ethnic group's diverse trauma and its connection to substance use is a possible area of research that can shed light on recommended cultural holistic treatments. Another possible area of research is exploring recommended interventions that were not mentioned in this study or which these researchers

would like to explore further include: trauma-informed yoga, earth-centered spirituality including Shamanism, nature therapy, and earthing.

Conclusion

This research aimed to explore how helping professionals provide beneficial, culturally sensitive holistic treatments which honor the mind-body-spirit connection for clients with substance use disorders and trauma-related conditions. Based on current research and the data collected for this study, holistic practices including mindfulness and trauma-informed care have been shown to be beneficial when working with clients with substance use and trauma. The findings of this study also indicated the importance of providing holistic approaches to care that are egalitarian, both in terms of client-practitioner relationship, in terms of honoring the mind-body-spirit connection, and in connecting to larger systems of support. Through this research, mental health professionals, including social workers will have acquired a better understanding of how to provide culturally sensitive holistic treatments which keep in mind the mind-body-spirit connection for clients with substance use and trauma-related conditions.

APPENDIX A
INFORMED CONSENT



WE DEFINE THE *Future*

School of Social Work

CALIFORNIA STATE UNIVERSITY, SAN BERNARDINO
5500 University Parkway, San Bernardino, CA 92407
909.537.5501 | fax: 909.537.7029
<http://socialwork.csusb.edu>

INFORMED CONSENT

The study in which you are asked to participate is designed to explore holistic treatments for clients with trauma and substance use. The study is being conducted by Dulce Leguizamo and Erika Zemmol under the supervision of Dr. Carolyn McAllister, Director of the School of Social Work at California State University, San Bernardino (CSUSB). The study has been approved by the Institutional Review Board at CSUSB.

PURPOSE: The purpose of this study is to explore beneficial holistic treatments for clients with trauma and substance use.

DESCRIPTION: Participants will be asked questions regarding experiences providing treatments, importance of the mind-body-spirit connection, mindfulness, and multidimensional approaches to treatment. Participants will also be asked how helping professionals can incorporate five virtues: compassion, competency, cultural sensitivity, community, and client-centeredness in working with clients with trauma and substance use.

PARTICIPATION: Your participation in the study is totally voluntary. You can refuse to participate in the study.

CONFIDENTIALITY: While direct quotes from participants may be used in the study, the recording of the interview will be deleted once the study is complete. Pseudonyms will be used to ensure confidentiality.

DURATION: It will take approximately one hour to complete the interview.

RISKS: Although not anticipated, there may be some discomfort or difficulty in answering some of the questions. You are not required to answer and can skip the question or end your participation.

BENEFITS: There are no anticipated direct benefits to the participants. However, findings from the study will contribute to our knowledge in this area of research.

CONTACT: If you have any questions about this study, please feel free to contact Dr. McAllister at cmcallis@csusb.edu.

RESULTS: Results of the study can be obtained from the Pfau Library ScholarWorks database (<http://scholarworks.lib.csusb.edu/>) at California State University, San Bernardino after July 2021.

I agree to have this interview be recorded via Zoom: _____ YES _____ NO

I understand that I must be 18 years of age or older to participate in your study, have read and understand the consent document and agree to participate in your study.

_____ Place an X mark here

_____ Date

APPENDIX B
INTERVIEW GUIDE

Interview Guide

1. Can you tell us about your personal experience with holistic treatment?
2. Which treatments have you found most effective when working with clients with substance use disorders and trauma-related conditions?
3. Can you tell us more about how honoring the mind-body-spirit connection is important to help clients heal from trauma?
4. I would like to ask a question about five virtues that we as researchers have identified as important to holistic treatment. These include compassion, competency, cultural sensitivity, community, and client-centeredness. What would you say is the best way to demonstrate each of these in practice?"
5. Do you think that mindfulness is equally important for practitioners as it is for clients? If so, how do you and/or your colleagues practice mindfulness?
6. Do you feel that trauma is a multidimensional issue which requires a multidimensional approach to healing? If so, what do you think is most important to incorporate into such an approach?

This interview guide was developed by Erika Zemmol and Dulce Virginia Leguizamo.

APPENDIX C
INSTITUTIONAL REVIEW BOARD APPROVAL



CSUSB INSTITUTIONAL REVIEW BOARD
Administrative/Exempt Review Determination
Status: Determined Exempt
IRB-FY2021-84

Carolyn McAllister Erika Zemmol, Dulce Leguizamo
CSBS - Social Work
California State University, San Bernardino
5500 University Parkway
San Bernardino, California 92407

Dear Carolyn McAllister Erika Zemmol, Dulce Leguizamo:

Your application to use human subjects, titled "UNIFYING IS MEDICINE: PROVIDING HOLISTIC TREATMENTS FOR SUBSTANCE USE AND TRAUMA" has been reviewed and determined exempt by the Chair of the Institutional Review Board (IRB) of CSU, San Bernardino. An exempt determination means your study had met the federal requirements for exempt status under 45 CFR 46.104. The CSUSB IRB has not evaluated your proposal for scientific merit, except to weigh the risk and benefits of the study to ensure the protection of human participants. Important Note: This approval notice does not replace any departmental or additional campus approvals which may be required including access to CSUSB campus facilities and affiliate campuses due to the COVID-19 pandemic. Visit the Office of Academic Research website for more information at <https://www.csusb.edu/academic-research>.

You are required to notify the IRB of the following as mandated by the Office of Human Research Protections (OHRP) federal regulations 45 CFR 46 and CSUSB IRB policy. The forms (modification, renewal, unanticipated/adverse event, study closure) are located in the Cayuse IRB System with instructions provided on the IRB Applications, Forms, and Submission webpage. Failure to notify the IRB of the following requirements may result in disciplinary action. The Cayuse IRB system will notify you when your protocol is due for renewal. Ensure you file your protocol renewal and continuing review form through the Cayuse IRB system to keep your protocol current and active unless you have completed your study.

- Ensure your CITI Human Subjects Training is kept up-to-date and current throughout the study.
- Submit a protocol modification (change) if any changes (no matter how minor) are proposed in your study for review and approval by the IRB before being implemented in your study.
- Notify the IRB within 5 days of any unanticipated or adverse events are experienced by subjects during your research.
- Submit a study closure through the Cayuse IRB submission system once your study has ended.

If you have any questions regarding the IRB decision, please contact Michael Gillespie, the Research Compliance Officer. Mr. Michael Gillespie can be reached by phone at (909) 537-7588, by fax at (909) 537-7028, or by email at mgillesp@csusb.edu. Please include your application approval number IRB-FY2021-84 in all correspondence. Any complaints you receive from participants and/or others related to your research may be directed to Mr. Gillespie.

Best of luck with your research.

Sincerely,

Nicole Dabbs

Nicole Dabbs, Ph.D., IRB Chair
CSUSB Institutional Review Board

ND/MG

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“We all support it and will keep it going.”

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ASSIGNED RESPONSIBILITIES PAGE

The research project was completed by collaboration between Dulce Virginia Leguizamo and Erika Zemmol. Both researchers collaborated to chapters one, two, three, four, and five. Researchers worked together to writing the abstract and dedication section. Dulce Virginia Leguizamo contributed formatting of the project, appendix, and the table of contents. Both researchers collaborated and worked together on the reference section of the project. Both researchers collaborated on the IRB application. Both researchers worked together to develop the interview guide. Overall, researchers worked jointly and work was split evenly between both researchers.