Exploring Social Workers’ Attitudes Towards and Experience with Complementary Alternative Medicine

A graduate project submitted in partial fulfillment of the requirements
For the degree of Master of Social Work

By
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May 2016
The graduate project of Leslie Ann Alnes is approved:

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Dr. Amy Levin

Date

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Dr. Jodi Brown

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Dr. Judith A. DeBonis, Chair

Date

California State University, Northridge
Dedication

For those who seek to support the wholeness and wellbeing of humanity. With appreciation for those who have carried forward wisdom of healing from the multitude of traditions around the world. With hope that humanity can live together in greater peace and health.

To Jared Clark with gratitude for your unending love and support.
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A. Attitudes Towards and Knowledge of Complementary Alternative Medicine Among Social Workers and Social Work Students
Exploring Social Workers’ Attitudes Towards and Experience with Complementary and Alternative Medicine

By

Leslie Alnes

Master of Social Work

Americans have been utilizing complementary alternative medicine (CAM) at increasing rates. While previous research has explored the attitudes and experiences of health care providers towards CAM, none to date has focused on social workers. This study was designed to explore the social workers’ experience, attitudes and knowledge regarding CAM. An exploratory online anonymous survey (n=19) was distributed via Facebook groups and email to obtain data from social work professionals with a master of social work (MSW) or enrolled in an MSW program. Most participants were white (53%) and female (95%) and answered questions about their personal experience with the most common forms of CAM, their desire for training in CAM, beliefs about CAM’s effectiveness and harm, attitudes about discussing CAM with clients and advising clients about CAM, and attitudes about including CAM in social work education. Findings show that many social work professionals have experienced the most commonly used CAM modalities, believe them to be effective and have desired training in them. While most social work professionals believe that they should have enough knowledge about the most common CAM modalities to discuss them with clients (82%), the majority of respondents (83%) do not feel that they have sufficient knowledge to do so. Fifty-eight
percent (58%) of social work professionals agree that information about CAM should be integrated into social workers’ professional training.
Introduction

Research shows that American consumers are utilizing complementary health approaches or complementary alternative medicine/therapies (CAM) (CAT) to address a variety of health and wellness goals and that this use has increased over the last 10 years (Gant, Benn, Gioia & Seabuy, 2009; Kim, Erlen, Kim, & Sok, 2006; Raheim & Lu, 2014). The nomenclature around these modalities has continued to evolve over the years (Coulter, Khorsan, Crawford & Hsiao, 2010; Harris, Kingston, Rodriguez, & Choudary, 2006; Holmberg, Brinkhaus & Witt, 2012; Zhang, Pritzker & Hui, 2015) as has the definition of what various modalities fall into this category, which has made it difficult to assess the prevalence of use (Clarke, Black, Stussman, Barnes, & Nahin, 2015). In response to this increase of CAM use by consumers, the Institute of Medicine (as cited by Gant et al., 2009) has recommended that schools that educate health professionals (i.e., nurses, doctors and pharmacists) should incorporate information about CAM in their curriculums so that practitioners can effectively advise their patients about CAM. Increases in evidence-based research about CAM has prompted some researchers to suggest that social workers should also receive training in CAM to better serve their clients (Raheim & Lu, 2014). While previous studies have sought to understand the attitudes of professionals and students in the fields of medicine, nursing and pharmacy towards CAM (Harris et al., 2006; Kim et al., 2006), there have been very few aimed specifically at making the same inquiries with social workers. This study aims to contribute to the literature by exploring the experiences, attitudes, and knowledge social workers have regarding CAM.
Definitions and Nomenclature

In response to American’s increasing interest in CAM (Harris et al., 2006), the federal government founded the National Center for Complementary and Integrative Health (NCCIH), previously known as the Center for Complementary and Alternative Medicine (NCCAM), in 1998 within the National Institutes of Health (NIH) (NCCIH, n.d.). This change in the center’s name from that of “Complementary and Alternative Medicine” to that of “Complementary and Integrative Health” reflects the evolution of the nomenclature around these modalities which has become a topic of controversy in the health community (Coulter et al., 2010; Holmberg et al., 2012; Zhang et al., 2015). New terms such as “integrative medicine/integrative health care” (IM), “integrated medicine” and “complementary integrative medicine” are emerging in the literature but several studies illustrate that each of these terms can have a variety of differing definitions and varying level of usage (Coulter et al., 2010; Holmberg et al., 2012; Zhang et al., 2015) which can create barriers to research in this emerging field (Coulter et al., 2010) as the greater body of research uses the older terminology, CAM (Holmberg et al., 2012). The NCCIH has changed its terminology when referring to non-mainstream/western health approaches to complementary health approaches (“Complementary,” 2015, par 2) although it does still also use the older term CAM on its website (NCCIH, n.d.). In the interest of keeping with the more widely used terminology, this study has chosen to use the NCCIH’s terms complementary health approaches and CAM to describe non mainsteam health modalities.

NCCIH divides complementary health approaches into two broad categories: natural products and mind body practices, and one smaller category of ‘other’.
complementary health approaches ("Complementary," 2015). In the first category, natural products, NCCIH includes vitamins, minerals, dietary supplements, and herbs or botanicals. In the second category, mind body practices, NCCIH reports “yoga, chiropractic and osteopathic manipulation, meditation and massage therapy” to be the practices most commonly used by adults ("Complementary,"2015). Other mind body practices include “acupuncture, relaxation techniques (such as breathing exercises, guided imagery, and progressive muscle relaxation), tai chi, qi gong, healing touch, hypnotherapy and movement therapies (such as Feldenkrais method, Alexander technique, Pilates, Rolfing Structural Integration and Trager psychophysical integration) ("Complementary,"2015). In the third or other category, NCCIH includes practices that do not fit easily into the previous two such as “the practices of traditional healers, Ayurvedic medicine, traditional Chinese medicine, homeopathy and naturopathy” ("Complementary,"2015). According to the NCCIH, 30 percent of adults and 12 percent of children use some form of complementary health approach ("Complementary,"2015).

**Knowledge and Attitudes**

Previous research reveals that a general knowledge of CAM practices among health practitioners is related to a generally favorable view of CAM practices (Harris et al., 2006; Kim et al., 2006). In their study of pharmacy faculty and students, Harris et al. (2006) found that these practitioners received general information about CAM from professional journals and had a generally favorable view of CAM. Likewise, Kim et al. (2006) found that general knowledge of CAM, specifically massage and meditation, was related to positive attitudes towards CAM in a sample of nurses, with the majority of participants stating that they would personally refer clients to a CAM practitioner for
massage therapy and meditation. In both studies by Harris et al. (2006) and Kim et al. (2006), a majority of practitioners would consider using CAM themselves, thought that CAM should be included in training curriculums, and that they should be able to advise their clients about CAM practices (Harris et al., 2006).

**Experience**

Despite previous research revealing enthusiasm for CAM attitudinally, most study participants reported little to no formal training in or personal experience receiving CAM (Harris et al., 2006; Kim et al., 2006). These same studies have subsequently suggested that complementary and alternative therapies should be integrated into the professional training of these nursing and pharmacy professionals (Harris et al., 2006; Kim et al., 2006). While studies to date have suggested that social workers should receive formal training in CAM and be able to discuss it effectively with their clients (Gant et al., 2009; Raheim & Lu, 2014), there is little research to date that seeks to explore social workers attitudes, experiences, and knowledge regarding CAM as there have been with nurses and pharmacists. In keeping with previous research, this study aims to explore social workers’ personal experiences receiving CAM; their interest in receiving training in CAM; their attitudes regarding CAM’s effectiveness and safety as well as their general knowledge regarding CAM.

**Research Question**

The current study seeks to contribute to the literature and build on previous research that focused on nursing, pharmacy and other healthcare providers and their experiences, attitudes and knowledge regarding CAM by applying similar inquiries to social workers and social work students. The study will ask social workers and social
work students specifically: if they have any personal experience with CAM, if they have wanted training in CAM modalities, how effective or harmful they believe CAM to be, about their knowledge of CAM and their ability to discuss CAM with their clients and if they believe information about CAM should be included in social work curriculum. This study aims to increase the understanding of social workers’ experiences, attitudes and knowledge regarding CAM and to offer preliminary information to show whether social workers are similar to or different from other health professionals. Findings are expected to show that that the attitudes of social workers and social work students are similar to those of other health professionals.
Method

Sample

The study utilized an exploratory design that gathered quantitative data through an anonymous online survey from social work professionals. An invitation to participate in the study was posted to Facebook groups of social workers and social work students with a link that led to the questionnaire hosted by Qualtrics. Invitations were also distributed to approximately 60 of the researcher’s professional colleagues with an invitation to share the survey with eligible colleagues. To be eligible to participate in this study participants were required to have earned a Master of Social Work (MSW) or be enrolled in an MSW program. Nineteen out of 22 people who participated in the survey met the eligibility requirements. The California State University, Northridge MSW IRB Subcommittee approved this study on November 17, 2015.

Instruments

The researcher adapted questions from questionnaires used in previous studies about CAM and nursing and pharmacy students (Harris et al., 2006) to create a questionnaire containing a total of 15 questions. This questionnaire has not been tested for reliability or validity. All survey questions generated discrete categorical variables in the areas of experience, attitudes and knowledge. The survey consisted of two yes-or-no eligibility questions establishing if the respondent had or is working towards an MSW and four demographic questions that gathered information about graduation year, gender identity, ethnicity and age. Four matrix questions listed the 14 most commonly used CAM modalities (acupuncture, Ayurveda, biofeedback, chiropractic, energy healing therapy, folk medicine/ traditional healers, herbal medicine, homeopathy, hypnosis,
massage, meditation/guided imagery, movement therapies including yoga, nutritional supplements, special diets i.e. vegan/ macrobiotic/ Atkins). The first two matrix questions asked the participants to indicate if they had personally experienced or wanted training in each CAM modality. Respondents were offered an option to respond “not sure”. The third matrix question asked participants to rate how effective they believe each modality to be on a five-point Likert scale ranging from not effective (1) to extremely effective (5). The fourth matrix question asked participants to rate how harmful they feel each modality might be on a eleven-point Likert scale ranging from not harmful at all (0) to extremely harmful (10). A “don’t know” response was also provided to this question. The next five questions assessed knowledge and attitudes regarding CAM using a Likert scale ranging from strongly disagree (1) to strongly agree (5). Two questions assessed attitudes regarding social work professionals’ knowledge of CAM. Two questions assessed social work professionals’ self-assessment of their self-efficacy with CAM knowledge. The final question assessed attitudes about CAM’s place in social work training.

**Data Analysis**

Data were analyzed using the Statistical Package for the Social Sciences (SPSS) version 22. For the summary of the data, descriptive statistics were used (e.g., frequencies, standard deviations, means, minimums, maximums, and proportions). A Pearson’s Correlation was used to compare the relationships between the participant’s responses to questions 7-15 and to explore potential relationships between experience, attitudes and knowledge regarding CAM. The results were considered to be significant at the p =<0.05 and p = <0.01 level (2-tailed).
Results

Sample

The sample was composed of 19 social work professionals or social work students who met the eligibility criteria out of 22 who responded. Fifteen participants had obtained an MSW and four were enrolled in MSW programs. Participants had an average age of 36 years, ranging from 24 to 80. With regard to gender, 18 were female (95%) and 1 was male (5%). With regard to ethnicity, the sample consisted of Caucasian (n=10), Latino/Hispanic (n=4), Asian/Pacific Islander (n=3), African-American (n=2), Middle Eastern/Caucasian (n=1), and Armenian (n=1).

Experience and Attitudes Regarding CAM Modalities

Personal experience

In general, participants reported a high level of personal experience with CAM. CAM therapies that more than 50% of participants reported having personal experience with included meditation or guided imagery (n=16, 84%), massage (n=15, 79%), movement therapies including yoga (n=14, 74%), herbal medicine (n=11, 58%) and nutritional supplements (n=11, 58%). Ayurveda (n=1, 5%) and hypnosis (n=1, 5%) had the lowest number of participants responding that they had personal experience with its use.

Desire for training

CAM therapies that more than 50% of participants reported having wanted training in included movement therapies including yoga (n=12, 63%) and meditation or guided imagery (n=11, 58%). Ayurveda (n=2, 10%) and chiropractic (n=2, 10%) had the
lowest number of participants responding that they had wanted training in the modality.

**Perceived effectiveness**

A composite score was created for each CAM modality and used to examine how effective participants believed each modality to be. Points were assigned to each response on the Likert scale, slightly effective = 1 point to extremely effective = 4 points. Participant responses for each individual modality were summed to obtain a total score for each modality. Modalities ranked based on the total number of points given by all participants; scores ranged from 13 points to 68 points with the highest possible score 76 points. Dividing the score by 76 created a percent effectiveness rating for the modality. The highest ranked modalities based on participant reported perceived effectiveness included were movement therapies including yoga (68 points, 89% perceived effectiveness), massage (65 points, 85%), meditation or guided imagery (65 points, 85%), acupuncture (64 points, 84%), herbal medicine (47 points, 62%), and chiropractic (44 points, 58%). Ayurveda had the lowest perceived effectiveness rating (13 points, 17%).

**Perceived harm**

CAM therapies that more than 50% of participants reported perceiving as “not harmful at all” included meditation or guided imagery (n=14, 74%), movement therapies including yoga (n=10, 53%), massage (n=10, 53%) and herbal medicine (n=10, 53%). More than 50% of participants responded, “don’t know” to Ayurveda (n=12, 63%) and biofeedback (n=11, 58%) in regards to the modality’s perceived harm.

A composite score was created for each CAM modality based on how harmful participants believed the modality to be. Points were assigned to each response on the Likert scale, slightly harmful = 1 to extremely harmful = 10. Participant responses for
each individual modality were summed to obtain a total score for each modality.

Modalities were then ranked based on total number of points received by all participants.

A percent effectiveness rating was not created for this question because so many participants chose the responses “not harmful at all” or “don’t know”. The modalities with the highest harmfulness composite score were nutritional supplements (20 points), special diets (i.e. vegan, macrobiotic, Atkins) (20 points) and chiropractic (13 points).

Knowledge and Attitudes

In general, most participants felt that clinical social workers should have sufficient knowledge of the most commonly used CAM modalities to be able to discuss CAM with their clients and to advise their clients about CAM (see Table 1). With regard to knowledge about CAM, 82% of participants either somewhat agreed (n=9, 53%) or strongly agreed (n=5, 29%) that clinical social workers should be able to “discuss” the most commonly CAM modalities with their clients.

Table 1
Attitudes Towards and Knowledge of Complementary Alternative Medicine Among Social Workers and Social Work Students

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Disagree %</th>
<th>Somewhat Disagree %</th>
<th>Neither Agree nor Disagree %</th>
<th>Somewhat Agree %</th>
<th>Strongly Agree %</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel that clinical social workers should know enough about CAM to be able to discuss the most common modalities with their clients.</td>
<td>0%</td>
<td>6%</td>
<td>12%</td>
<td>53%</td>
<td>29%</td>
</tr>
<tr>
<td>I feel that clinical social workers should know enough about CAM to advise their clients in the most common modalities.</td>
<td>0%</td>
<td>29%</td>
<td>29%</td>
<td>35%</td>
<td>6%</td>
</tr>
<tr>
<td>I feel that I know enough about CAM to be able to discuss the most common modalities with my clients.</td>
<td>18%</td>
<td>35%</td>
<td>18%</td>
<td>29%</td>
<td>0%</td>
</tr>
<tr>
<td>I feel that I know enough about CAM to be able to advise my clients in the most common modalities.</td>
<td>71%</td>
<td>12%</td>
<td>6%</td>
<td>12%</td>
<td>0%</td>
</tr>
<tr>
<td>I feel that information about the most common CAM modalities should be included in social workers’ professional training.</td>
<td>0%</td>
<td>12%</td>
<td>29%</td>
<td>29%</td>
<td>29%</td>
</tr>
</tbody>
</table>

CAM= complementary alternative medicine
With regard to a slightly higher level of knowledge about and faculty with CAM, 41% of participants either somewhat agreed (n=6, 35%) or strongly agreed (n=1, 6%) that clinical social workers should be able to “advise” their clients about the most commonly used CAM modalities.

In contrast, most participants did not feel that they had enough personal knowledge of CAM to be able to discuss CAM with their clients or to advise their clients about CAM. With regard to their self-assessment of knowledge about CAM, 53% of participants either somewhat disagreed (n=6, 35%) or strongly disagreed (n=3, 18%) that they knew enough about CAM to be able to “discuss” the most commonly CAM modalities with their clients.

With regard to a slightly higher level of personal knowledge about CAM, 83% of participants either somewhat disagreed (n=2, 12%) or strongly disagreed (n=12, 71%) that they knew enough about CAM to be able to “advise” their clients about the most commonly used CAM modalities.

In regard to participants’ attitudes towards training in CAM, 58% of participants either somewhat agreed (n=5, 29%) or strongly agreed (n=5, 29%) that information about the most commonly used CAM modalities should be included in social workers’ professional training.

**Correlations**

A Pearson product-moment correlation coefficient was computed by comparing the resultant data from each question to the data from every other question to reveal any
potentially significant correlations. Three statistically significant relationships were found and the results are reported below.

A strong negative correlation was found between the participants’ personal experience with CAM and how harmful they believed CAM to be ($r = -0.648$, $n = 16$, $p < 0.007$). Greater personal experience with CAM was related to lower ratings of CAM’s perceived harmfulness.

A strong positive correlation was found between participants belief in CAM’s effectiveness and their desire for training or education in CAM, $r = 0.509$, $n = 17$, $p = 0.037$. Higher ratings of CAM’s effectiveness were related to a greater desire among participants for training or education in CAM.

A strong positive correlation was also found between ratings of CAM’s effectiveness and participants’ self-assessment of their knowledge of and ability to discuss CAM with their clients, $r = 0.687$, $n = 16$, $p = 0.002$. Increases in participants rating of the effectiveness of CAM were related to higher ratings in participants’ self-assessment of their knowledge of CAM and their ability to discuss CAM with their clients.

In general, these findings indicate that the participants in this study who had personal experience with a CAM modality were less likely to perceive the modality as harmful. Further, the more participants perceived the CAM modality to be effective, the more they had interest in learning more or being trained in CAM. Additionally, the more participants perceived CAM modalities to be effective the more likely they were to feel they had the ability to discuss CAM with their clients.
Discussion

This is the first examination of social workers’ experiences, attitudes and knowledge regarded CAM. In general, the characteristics of the sample were as expected. The sample of social work professionals were predominantly female and Caucasian. The results were similar to previous research with nursing and pharmacy students with some variation.

Experience

Unlike nursing and pharmacy students, this study’s participants had a generally high level of experience with the most common CAM modalities. This study showed that the more personal experience social work professionals had with CAM the more effective they believed CAM to be. Participants had the most experience with meditation (84%), massage (79%) and movement therapies (74%) and also rated these three modalities as the three most effective. The study also showed that as participants’ beliefs in CAM’s effectiveness increased, their desire for training in CAM increased as well.

Similarities to Other Health Professionals

This study also showed that social work professionals’ attitudes towards CAM are similar to other health professionals (Harris et al., 2006; Kim et al., 2006) in that they have generally favorable views of CAM, specifically meditation and massage. Similarly social work professionals also believe that they should be able to discuss CAM with their clients, to a slightly lesser degree be able to advise their clients about CAM and that CAM should be part of their professional training. Given these similarities it may be appropriate for social work professionals to consider the recommendations made to other
health professionals regarding CAM, specifically that it should be integrated into their professional training.

Knowledge

This study also a knowledge gap among social work professionals. Participants felt that social work professionals should know enough about CAM to discuss the most common modalities with their clients and to advise their clients in these modalities. However, in their self-assessment most participants did not feel that they personally knew enough about CAM be able to execute these tasks. This knowledge gap may contribute to participants’ belief that information about CAM should be included in social workers’ professional training. Closing this knowledge gap by increasing social workers’ knowledge of CAM would allow social workers to more effectively serve the increasing number of Americans who utilize some form of CAM to meet their health or wellness goals.

Strengths

The main aim of this study was to explore social workers’ experiences, attitudes and knowledge regarding CAM and to provide information for future investigations. A strength of this study is that its findings support findings of previous studies with nursing and pharmacy students in a population of social work professionals. The data gathered in this preliminary study sets the groundwork for more comprehensive studies with larger samples of social workers regarding CAM.

Limitations

In a small-scale study such as this one, there are limitations. In particular, the small sample and the use of investigator-developed data collection tools without
established validity and reliability were problematic. However, the main aim of this study was not to produce generalizable results, but rather to provide information for future investigations.

**Implications for Future Study**

Future studies might consider recruiting a larger sample of social workers in a variety of different practice settings to establish a more comprehensive understanding of social workers and their experiences, attitudes and knowledge regarding CAM. Future studies also might seek to gather more comprehensive data regarding how mindfulness and relaxation techniques are currently used in clinical settings and what social workers need to know in order to effectively use them with clients.
Conclusion

This study revealed that many social work professionals have experienced some form of CAM and generally believe CAM to be effective. While most social work professionals believe that they should have enough knowledge about the most common CAM modalities to discuss them with clients, most do not feel that they have sufficient knowledge to do so. Therefore, information about CAM should be integrated into social workers’ professional training.
References


Appendix A

Data Collection Instrument: Questionnaire

Complementary and Alternative Medicine (CAM) is defined by the National Center for Complementary and Integrative Health (NCCIH) as: “a health approach developed outside of mainstream western or conventional medicine… used with… or in place of mainstream medicine ("Complementary," 2015, par. 3).”

These health approaches fall into three general categories and include:

1. Natural products including vitamins, minerals, dietary supplements, and herbs or botanicals ("Complementary,"2015, par. 9).

2. Mind body practices such as “yoga, chiropractic and osteopathic manipulation, meditation and massage therapy, acupuncture, relaxation techniques (such as breathing exercises, guided imagery, and progressive muscle relaxation), tai chi, qi gong, healing touch, hypnotherapy and movement therapies (such as Feldenkrais method, Alexander technique, Pilates, Rolfing Structural Integration and Trager psychophysical integration) ("Complementary," 2015, par. 10).”

3. Other practices such as “the practices of traditional healers, Ayurvedic medicine, traditional Chinese medicine, homeopathy and naturopathy” ("Complementary," 2015, par. 12).

1. I have an MSW
   o Yes
   o No

2. I am enrolled in an MSW program
   o Yes
   o No

3. What year did / will you graduate?
   Fill in the blank

4. I identify my gender as...
   o Man
   o Woman
   o Transgender
   o Other (please describe) ____________________
   o Prefer not to disclose

5. To which ethnic group do you most identify? Choose all that apply.
   o African-American (non-Hispanic)
   o Asian/Pacific Islanders
   o Caucasian (non-Hispanic)
   o Latino or Hispanic
   o Native American or Aleut
   o Other (please describe) ____________________

6. What is your current age?
7. I have personally experienced the following CAM modalities. Check all that apply. If you are not sure what the modality is or if you have experienced it please check not sure.

<table>
<thead>
<tr>
<th>Personal Experience</th>
<th>Not sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>☑</td>
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<tr>
<td>Ayurveda</td>
<td>☑</td>
</tr>
<tr>
<td>Biofeedback</td>
<td>☑</td>
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<tr>
<td>Chiropractic</td>
<td>☑</td>
</tr>
<tr>
<td>Energy Healing Therapy</td>
<td>☑</td>
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<tr>
<td>Folk Medicine or Traditional Healers</td>
<td>☑</td>
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<tr>
<td>Herbal Medicine</td>
<td>☑</td>
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<tr>
<td>Homeopathy</td>
<td>☑</td>
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<tr>
<td>Hypnosis</td>
<td>☑</td>
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<tr>
<td>Massage</td>
<td>☑</td>
</tr>
<tr>
<td>Meditation or Guided Imagery</td>
<td>☑</td>
</tr>
<tr>
<td>Movement Therapies including Yoga</td>
<td>☑</td>
</tr>
<tr>
<td>Nutritional Supplements</td>
<td>☑</td>
</tr>
<tr>
<td>Special Diets (i.e. vegan, macrobiotic, Atkins)</td>
<td>☑</td>
</tr>
</tbody>
</table>

8. I have wanted training in or education about the following CAM. Check all that apply.

<table>
<thead>
<tr>
<th>Wanted Training</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
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<tr>
<td>Ayurveda</td>
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<tr>
<td>Movement Therapies including Yoga</td>
<td>☑</td>
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<tr>
<td>Nutritional Supplements</td>
<td>☑</td>
</tr>
<tr>
<td>Special Diets (i.e. vegan, macrobiotic, Atkins)</td>
<td>☑</td>
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</tbody>
</table>
9. Please rate how effective you believe each of the CAM modalities below to be?

<table>
<thead>
<tr>
<th>CAM Modality</th>
<th>Not Effective at All</th>
<th>Slightly Effective</th>
<th>Moderately Effective</th>
<th>Very Effective</th>
<th>Extremely Effective</th>
<th>Not Sure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acupuncture</td>
<td>☐</td>
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10. Please rate how harmful you feel each of the CAM modalities below can be.

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<tr>
<th>CAM Modality</th>
<th>Not Harmful at All</th>
<th>Slightly Harmful</th>
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<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
<th>8</th>
<th>Extremely Harmful</th>
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11. I feel that Clinical Social workers should know enough about CAM to be able to discuss the most commonly used modalities with their clients.
   o Strongly disagree
   o Somewhat disagree
   o Neither agree nor disagree
   o Somewhat agree
   o Strongly agree

12. I feel that Clinical Social workers should know enough about CAM to be able to advise their clients about the most commonly used modalities.
   o Strongly disagree
   o Somewhat disagree
   o Neither agree nor disagree
   o Somewhat agree
   o Strongly agree

13. I feel that I know enough about CAM to be able to discuss the most commonly used modalities with my clients.
   o Strongly disagree
   o Somewhat disagree
   o Neither agree nor disagree
   o Somewhat agree
   o Strongly agree

14. I feel that I know enough about CAM to be able advise my clients about the most commonly used modalities.
   o Strongly disagree
   o Somewhat disagree
   o Neither agree nor disagree
   o Somewhat agree
   o Strongly agree

15. I feel that information about the most commonly used CAM modalities should be included in social worker’s professional training.
   o Strongly disagree
   o Somewhat disagree
   o Neither agree nor disagree
   o Somewhat agree
   o Strongly agree