Knowledge and Attitudes/Use Articles

- **Avino, K.** (Nov 2011). Knowledge, attitudes, and practices of nursing faculty and students related to complementary and alternative medicine: A statewide look, *Holistic Nursing Practice*, 25(6): 280-288. A comprehensive assessment of the knowledge, attitudes, and practices of nursing faculty and students related to complementary and alternative medicine (CAM) of one state in the Mid-Atlantic region of the United States was conducted and information was obtained from faculty about CAM content in their individual courses. Using a descriptive study design, a 32- and a 23-question online surveys were sent through e-mail to faculty and students, respectively. The response rate was: faculty 76% (N=117) versus students 41% (N=578). Positive support was found with regard to the addition of CAM into the nursing curriculum (81% students vs 92% faculty). Faculty provided some CAM didactic content to students on an inconsistent basis. It is unknown what CAM competencies students are expected to achieve. Integrating in the curriculum, experiential learning, a broad view of CAM therapies and holistic concepts, and evidence regarding CAM therapies is necessary. The results informed a plan for a professional development program for faculty.

- **Applegate, B. & Brown, C.** (2012). Holistic Wellness Assessment for Young Adults: Psychometric Analysis, *Journal of Holistic Nursing*, 30(4): 235-243. The purpose of this study was to develop the Holistic Wellness Assessment (HWA) that incorporates conventional dimensions of wellness with a new dimension of wellness influencing young adults: financial wellness that is psychometrically sound and developmentally appropriate. The study design to establish the initial psychometrics of the HWA was the single-group design. The cross-sectional nature of this design allowed for the post-classification of the participants into different demographic groups facilitating comparisons of the instrument’s derived subscales. Read the full article here.

- **Fouladbakhsh, J. M., Templin, T. & Vallerand, A.H.** (2003). Use of complementary and alternative therapies in urban, suburban and rural communities. *American Journal of Public Health*, 93(6): 923-925. The use of complementary/alternative medicine (CAM) therapies has increased dramatically in the past decade. Frequently, these therapies are used to seek relief from pain, one of the most common health problems today. In the United States, 42% of adults experience pain daily, and 89% experience pain monthly. Many people frequently rely on self-treatment of their pain, often utilizing CAM therapies in addition to traditional medications without informing their health care practitioners. As the number of medications and herbal products/supplements an individual takes increases, so does the likelihood of experiencing drug interactions. This brief report describes the occurrence of pain among community residents and identifies the CAM therapies used for self-treatment of pain. Similarities and differences found in urban, suburban, and rural communities are described. Read the full article here.

This study summarizes findings from patients who came to the author’s private practice for mind-body therapy using Healing from the Body Level Up™ (HBLUTM) methodology. Patients came for help for a variety of life issues in the areas of relationship, career, performance, psychological problems such as depression, phobias, trauma, and anxiety as well as physical health problems. Regardless of the presenting issues, all patients were tested for diagnosis shock. All patients who were discovered to have diagnosis shock were asked to describe the emotions, beliefs, and reactions they consciously remembered at the moment of initial shock. They were then questioned using muscle testing to determine reactions at the unconscious and body levels. Treatment was given using Energy Psychology techniques for the negative emotions and limiting beliefs found in traumatic reactions associated with diagnosis shock. Each patient was followed for one month to one year after treatment.

Read the full article here.