



The Advantages and Disadvantages of Incorporating Integrative Medicine into Clinical Psychology: An Indonesian Qualitative Investigation

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Abstract

Background: In some countries, complementary and alternative medicine (CAM) has been integrated into conventional health services, which is called integrative medicine (IM). There are few studies that specifically discuss IM in clinical psychology, despite its highly relevant holistic approach to improving mental health care through person-centered approaches. As a result, the purpose of this qualitative research was to investigate the viewpoints of Indonesian clinical psychologists (CPs) regarding the advantages and disadvantages of implementing IM in clinical psychology.

Methods: Between November 2016 and January 2017, semi-structured interviews with 43 CPs who worked in public health centers were carried out. A maximum variation sampling method was employed. The ability of the thematic analysis of interview transcripts to report and examine both explicit and implicit content led to its application.

Keywords: Complementary and alternative medicine, Integrative medicine, Holistic medicine, Mental health, Thematic analysis

INTRODUCTION

According to 25 World Mental Health Surveys, twice as many people with mental disorders reported visiting a CAM provider in the previous year in high-income countries as in low- and middle-income countries. People with severe disorders made up the majority of the survey participants, with up to 18% combining CAM and conventional medicine. When CAM was incorporated into mental health treatment, participants reported similar levels of satisfaction with both modalities (de Jonge P, 2018). Also, a previous review found that people's behavior when combining complementary and alternative medicine with traditional psychotherapy to treat mental disorders was unaffected by their level of education. In some nations, such as the United States, Australia, China, and India, as well as European nations like the United Kingdom, Sweden, and Denmark, IM has been used in medical settings. Additionally, IM has been utilized

for specific health services like the management of chronic diseases and palliative care. Various models or frameworks were used to implement IM in these conventional health services, with general practitioners (GPs) acting as the gatekeepers. Nevertheless, the core understanding of an IM, which is the integration of complementary and alternative medicine into conventional medicine, was shared by the implementation of IM in these countries and settings (Park C, 2013).

Application of IM in clinical psychology

Clinical psychologists (CPs) will be encouraged to appreciate and treat their clients as individuals when IM is implemented in clinical psychology. Clients' psychological care, for instance, can be tailored to meet their specific needs and values, as well as take into account their various cultural and religious backgrounds. Additionally, applied IM shifts the focus of mental health services from disorder

treatment to prevention and wellbeing maintenance (Sarris J, 2014). Additionally, clinical psychology may benefit from implementing IM. Because the holistic approach blurs the line between the body and the mind, IM, for instance, may help to lessen the stigma associated with mental illness. As a result, more clients and those who care for them may use mental health services. When it comes to reducing the need for mental health treatments and preventing mental illnesses, IM may also be more cost-effective. Another alternative approach to easing the burden of the shortage of mental health professionals (HPs) is to implement IM in clinical psychology (Liem A, 2017). Clients should be informed about all treatment options, including CAM techniques in IM services, by CPs. In order to assist clients in making rational decisions, the provided information must cover the safety, efficacy/effectiveness, and limitations of CAM methods. A survey of primary care patients in the Netherlands found that high-quality information on complementary and alternative medicine was required because participants wanted to combine it with conventional medicine to get the most out of both. Additionally, these participants stated that they desired to collaborate with their general practitioner on an integrative treatment plan.

METHODS

Design of the study

This qualitative study focused on Indonesian clinical psychologists' perspectives on the advantages and disadvantages of implementing IM in clinical psychology. The purpose of this epistemology approach, which was chosen for its ability to investigate what is presumed to be a socially constructed dynamic reality, was to investigate (Vohra S, 2005). The interpretive process is influenced by the researcher's and the participant's interests in the constructivist epistemology approach, which does not guarantee absolute objectivity. In this epistemology approach, it is essential to maintain the study's trustworthiness by disclosing the researcher's personal perspective through a reflexivity process (Grace S, 2010). Due to his extensive experience and knowledge of CAM, the researcher reflected that he views the implementation of IM in clinical psychology with optimism. However, the researcher is concerned about the unregulated use of complementary and alternative medicine (CAM) in clinical psychology services, which could put the CP and his or her client in danger and result in a malpractice (Templeman K, 2011).

Analyses of data

Before transcribing the remaining interview recordings, the author evaluated the RA's transcriptions of the sixth through tenth interviews (Lake J, 2012). In terms of incorrect medical terms and anonymizing participant or other names, only minor adjustments were required. The remaining interview recordings were transcribed by the RA, and the author

verified the accuracy of each transcript. The objective of these double-checking procedures was to enhance the credibility of the research and the accuracy of data interpretation. Credibility was maintained by confirming what the interviewer (the author) had comprehended during the interview process, despite the fact that participants did not receive the transcripts (Pengpid S, 2018). Data saturation was not prioritized in this study because it aimed to achieve a greater understanding of the investigated issues by employing maximum variation. However, it was noted that the data were saturated in the middle of the serial interviews with participants. Due to its adaptability to report and examine both explicit and latent contents, thematic analysis was used to analyse the interview transcripts. This study followed the steps of previous studies' thematic analysis, which covered: first coding, looking for patterns, and analyzing. The author used word and color on a word processor to perform the initial coding step manually (Stepleman LM, 2015). After reorganizing the initial code in accordance with its proximity, potential sub-themes and themes were generated.

DISCUSSION

The participants suggested implementing IM in clinical psychology in two ways, one of which centered on creating co-located settings for clinical psychology services. The main reasons were the participants' worries about the short amount of time allotted to each session and the possibility of adding to their work load. Additionally, participants believed that co-located settings would make it possible for CAMPs and conventional HPs to collaborate. Because IM encourages a holistic approach, these possibilities for implementing IM in clinical psychology may also contribute to the reduction of mental health stigma. Additionally, clients would benefit from co-located IM settings to steer clear of CAMPs that are less trustworthy and credible. In order to avoid potential health risks (i.e., adverse effects), these suggested options may also encourage clients to disclose their use of complementary and alternative medicine (CAM) to their physician and psychologist. In addition, previous studies of successful IM services in Canada demonstrated that physicians could learn from CAMPs and vice versa in co-located settings, enabling them to work efficiently with fewer misunderstandings. In order to promote mutual understanding, CPs working in co-located settings for IM may also learn from CAMPs about CAM treatments for mental health issues, and CAMPs may learn more about conventional psychotherapy. Provisional CPs may also be encouraged to use IM in their future careers by IM services in co-located settings serving as internship locations.

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