

Evidence-Based Treatments, Dual Relationships,
And Boundaries of Competence:
A review of the Ethical Implications of Mind-Body Treatments

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As the saying goes, one of the few things you can be sure of is that everything changes. This has certainly been true historically with the field of psychology, and our field is poised for new change as more and more of the general public, as well as psychologists, embrace mind-body approaches and complementary alternative medicine. Mind-body techniques have been used for many years for such things as pain management (Kabat-Zinn, 1990) and for Borderline Personality Disorder (Linehan, 1993). What appears to be new is the breadth and frequency of mind-body techniques being used by psychologists. As with any change, it is wise to move forward with some caution and to consider the ethical implications. Mind-body theory and practice is being introduced into mainstream psychology, but how much thought has gone into such ethical issues as evidence-based treatment, dual relationships, and boundaries of competence?

A basic initial challenge is to define what is meant by “mind-body” approaches. Generally speaking, the term “mind-body” refers to incorporating complementary practices that include, but are not limited to, meditation, mindfulness, yoga, nutrition, herbology, and homeopathy into more traditional psychotherapy approaches. It can also include treatments such as massage therapy and acupuncture. Mind-body approaches challenge the belief that our bodies and our minds are separate entities requiring separate treatments - it challenges mind-body dualism and suggests that an integrative treatment approach is superior. The term “mind-body” is an umbrella for numerous and diverse therapies and techniques, each requiring its own standards for practice competency.

While mind-body approaches are being accepted and used more frequently, the research to demonstrate efficacy is lagging behind (Bassman & Uellendahl, 2003). The lack of solid clinical research in alternative health has been recognized as a problem (Dittman, 2004). Many alternative approaches are currently under study through the National Center for Complimentary and Alternative Medicine (NCCAM), an agency of the National Institutes of Health. Research under way at the time of this article included meditation for the treatment of pre-hypertension; acupuncture’s effect on brain activity; and the benefits of yoga on diabetes; to name a few. However, results are preliminary.

It is crucial for psychologists to be informed about research findings prior to making any recommendations to their clients. NCCAM conducted clinical trials on St. John’s Wort, an herb widely believed to help depression. The findings concluded that St. John’s Wort was no more effective than a placebo for treating major depression of moderate severity (Dittman, 2004). NCCAM is continuing to investigate whether the herb is helpful for less serious cases of depression. If a psychologist had recommended that a client take St. John’s Wort for major depression, it could have delayed a more effective treatment

leading to either prolonged suffering or even worse consequences. It might also represent practicing outside of the psychologist's area of competence.

There is more than one avenue that psychologists use to introduce these methods to their clients, and each avenue has different ethical implications. An article entitled "Serenity Now: East meets West as Psychologists Embrace Ancient Traditions to Enhance Modern Practice" (Meyers, 2007) discussed one psychologist who uses acupuncture to augment his practice and another who teaches mindfulness and meditation. These psychologists incorporated these methods into their clinical practices, but other psychologists may give their clients referrals to other practitioners or guide them to resources in order to allow their clients to teach themselves mind-body tools.

When a psychologist holds dual licensure, such as psychology and acupuncture, and the psychologist combines these two credentials into one practice, concerns about dual relationships arise. While the psychologist may be competent in both fields, there is a need for careful thought and/or for regulatory oversight concerning how best to combine them (Bassman and Uellendahl, 2003). It is critical to consider, for example, how a hands on approach, such as acupuncture or yoga therapy (the latter often requires helping position the client/patient) may impact a psychodynamic treatment.

Because of these concerns, many dually licensed psychologists advocate that separate practices be maintained. However, does this mean that psychologists would refer their clients to their own acupuncture practice? This may, at a minimum, give the appearance of being self-serving. Would it be more ethical to refer one's own clients to another acupuncture practitioner? Yet another concern is that if the dually credentialed psychologist keeps her or his two practices completely separated, have they not lost the original benefit of combining mind-body approaches? That is, rather than using an approach that integrates the mind and body, this separate approach could be argued to continue to impose a mind-body duality.

The final ethical issue that this brief article addresses is competency and scope of practice. The American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct (2002) and the Colorado Mental Health Statutes, Article 43 (12-43-202) both address the prohibition against practicing beyond one's competence. As we move into and try to embrace this new mind-body arena, we can be optimistic about an improved ability to alleviate the suffering of our clients/patients, and should be cautious about knowing when we have reached a level of competence to confidently state that it is within our scope of practice.

Competence is determined through appropriate and adequate "education, training, supervised experience, consultation, study or professional experience"(Ethical Principles of Psychologists and Code of Conduct, 2.01 [a] APA, 2002). Generally, *how much* education, training, supervision, and practice is required to be obtained, is based on the standard of practice. There are some techniques that have quite specific guidelines for practice, such as Eye Movement Desensitization and Reprocessing (Shapiro and Silk Forrest, 1997), yet credentialing for mind-body techniques is inconsistent at best. For

example, Bassman and Uellendale (2003) report that herbalists are not credentialed in most states, and training varies greatly. APA ethical principle 2.01 (e) states:

In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients, and others from harm.

In summary, while the emerging area of mind-body approaches within the field of psychology is exciting for its potential to enhance the efficacy of our work with our clients and patients, implementation of these new approaches demands that practitioners exercise care to assure that they are acting in the interests of their clients/patients and are avoiding ethical pitfalls. For example, it is imperative that practitioners in these new areas utilize only treatments that have been shown to be safe and effective, that they carefully evaluate their levels of competence to provide the approaches they select, and that they avoid entering into dual relationships with their clients/patients.

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