



## Counselors are doing what now? Exploring the ethics of complementary methods

Counselors are finding ways to combine traditional talk therapy with a vast number of other practices, specialties, methods and techniques. These include alternative practices such as yoga, acupuncture, reiki, hiking, aromatherapy, equine therapy, nutrition, neurofeedback and mindfulness. The American Counseling Association Center for Policy, Practice and Research receives numerous inquiries concerning combining practices such as these with counseling.

Although some people may take the position that “more is better,” many ethical issues must be considered when combining what is traditionally thought of as counseling with other modalities. The National Center for Complementary and Integrative Health, part of the National Institutes of Health, defines *complementary* as “a non-mainstream practice used together with conventional medicine.” Each new complementary approach has different dimensions to be considered. This column will deal with the ethical considerations counselors should keep in mind before using complementary treatments with clients.

### Scope of practice

Before adding a complementary practice, counselors should consult their state’s scope of practice laws and regulations for professional counseling. In most cases, licensing board regulations and laws do not specifically authorize or prohibit the practice of complementary techniques, just as they do not authorize or prohibit more traditional counseling

techniques. Counselors should also review the framework laid out in the 2014 *ACA Code of Ethics* to assess the merits and potential liabilities of complementary practices.

Even if counselors do not find that their state prohibits the combination of counseling and complementary practices, they still should proceed with caution; counselors still may have to answer to their counseling licensing board if a client reports dissatisfaction with or feels harmed by the implementation of complementary modalities. To avoid this scenario, many counselors choose to keep their counseling practice separate from that of any additional specialties.

### Evidence-based practice

The first question counselors should ask themselves when considering the addition of a complementary practice is whether that practice is evidence-based. The 2014 *ACA Code of Ethics* says, “Counselors use techniques/procedures/modalities that are grounded in theory and/or have an empirical or scientific foundation.” Therefore, counselors should consider whether the complementary practice has been shown to be helpful for those with similar presenting issues or characteristics to those of the clients with whom they intend to use it.

Although some complementary practices, such as yoga, have been studied extensively, others have not been the focus of much research. In these cases, or in cases in which counselors are developing new complementary practices, it is important that counselors find

empirical or scientific support for their use of these practices in counseling.

### Competency

When practicing complementary modalities, counselors must assess their level of competence on the basis of their education, training and experience. In some cases, such as with neurofeedback and reiki, organizations exist that provide certification or credentialing in complementary practices. State licensing boards may or may not require that counselors have earned a formal credential before using a complementary practice in counseling. More often, counselors seek training in a complementary area because the education or credential is the professional standard for that complementary approach. In addition, some individuals may come to counseling as their second professional identity or credential, such as a nutritionist who goes back to school to become a counselor and wishes to combine both credentials in working with clients.

The questions counselors should consider when looking to add certification in a complementary practice include:

- ❖ What are the requirements, and which board or organization provides the credential?
- ❖ What is the standard for training for the credential?
- ❖ Who would supervise the training? Will continuing education or supervision be required?

As is the case with other skills in counseling, competence in a complementary practice is not simply

a to-do list item to be checked off once and then forgotten. Counselors will need to monitor themselves for how effective they can be in a complementary practice, whether it is a new specialty or one they are maintaining. If counselors find that they need to gain more competence in these complementary areas to be effective with clients, they should seek additional training, supervision and consultation to ensure that clients are being well-served and not harmed.

### **Client welfare**

“First, do no harm, then do good” is a foundational principle of the helping professions. As such, the very first standard of the 2014 *ACA Code of Ethics* covers counselors’ responsibility to maintain the dignity and welfare of their clients. When adding a complementary practice, counselors are still obligated to this responsibility. Counselors must consider the potential benefits *and* the potential harms to clients of using a complementary practice, just as they would when using a more traditional counseling approach. Although counselors may be excited about the prospect of how a complementary practice could benefit clients, they must also take reasonable precautions.

The *ACA Code of Ethics* requires counselors to work jointly with clients in developing a treatment plan that is suited to the client’s individual needs. Therefore, when considering a complementary treatment, counselors should ask how the use of such practices furthers counseling treatment goals. Counselors may spend considerable time, effort and resources to gain competence in a particular complementary treatment, but that does not mean they should automatically begin using the treatment with all of the clients on their caseload. Rather, they should examine each client’s characteristics and goals for counseling. Once the counselor has determined that a complementary treatment would be in line with the client’s counseling goals and that the treatment could reasonably be expected to benefit and not harm the client, then the counselor must work jointly with the client on the decision to add the complementary treatment.

Sometimes, clients may request a complementary treatment, especially

if counselors have advertised their certification in that specific treatment. In such cases, it is still the responsibility of the counselor to determine whether that treatment would be appropriate for the client. Counselors act to ensure client welfare in part by not using a treatment that may be ineffective or harmful for a client, even if the client requested it. Conversely, counselors respect clients’ freedom of choice if they do not wish to add a particular complementary treatment to counseling. Counselors should also consider their own attitudes, values and beliefs when it comes to adding complementary treatments and not impose their values on clients.

### **Informed consent**

Clients have a right to make decisions about their own treatment, to include complementary therapies. However, it is the counselor’s duty to make sure that clients have the information needed to make informed decisions. Whether as part of the informed consent paperwork and discussion at the beginning of counseling or when considering the addition of a complementary practice to an existing counseling relationship, counselors need to make sure that they cover the information discussed in Standard A.2.b. of the 2014 *ACA Code of Ethics* before beginning complementary treatments with counseling clients.

Clients need not only to understand the risks and benefits of a particular complementary treatment but also to have a reasonable idea of what to expect. It is also important that clients know the limitations of these practices. Counselors should be prepared to share with clients their competency and credentials in complementary treatments, in addition to information about whether the treatment is evidence-based or is a new complementary practice that is still being developed and researched. Clients should also be informed about any special fees that may be associated with complementary practices. If a complementary practice will not be done in a traditional one-on-one counseling setting — for example, hiking and nature experience activities — clients should be informed about the limitations to confidentiality should they choose to engage in this practice.

### **Extending boundaries**

Counselors should pay special attention to the possible boundary extensions associated with complementary practices. For example, some complementary therapies, such as acupuncture, require counselors to come into physical contact with clients — something that is not normally part of counseling practice. Additionally, clients might find that they feel their relationship with their counselor changing as they engage in complementary therapies because they are no longer adhering strictly to traditional counseling roles. In these situations, counselors should be aware of the potential boundary extensions and the need to discuss them with clients. If counselors determine that the boundary extension related to a particular complementary approach may cause clients harm, they should not engage in that practice.

One possible solution for boundary extensions is for counselors not to practice complementary disciplines with their counseling clients. Instead, they could maintain referral relationships with other providers for this complementary approach. That way, the two practices are kept separate, and boundary extensions may be avoided.

### **Other considerations**

If counselors are referring out to other professionals, or even if they are referring to another member of their own practice for complementary practices, they should be aware of their state’s laws on fee-splitting and avoid this practice, which the *ACA Code of Ethics* prohibits.

Even though counselors may take precautions to ensure that they are practicing complementary modalities in an ethical manner and congruent with their state’s laws and regulations, they still must be mindful of what may go awry. Take the example of a counselor using yoga as a complementary practice. When clients injure themselves, they may make a claim against the counselor. Because this happened at the counseling practice and in a counseling session, the counselor might assume that coverage is provided by his or her liability insurance. This may be true, but if the counselor has not checked ahead of time and ensured proper coverage for such a scenario, the

counselor may be left to find his or her own representation and to cover all legal fees and damages.

### Conclusion

Complementary practices open up new possibilities for clients and counselors. Before engaging in these practices, however, counselors need to be cognizant of their scope of practice regulations, their level of competency, the risks and benefits to client welfare, appropriate informed consent and proper management of boundary extensions. Innovation in the field of counseling is important and exciting, but the welfare of clients must always be our first concern.

For additional information, consult the following standards in the 2014 *ACA Code of Ethics*:

- ❖ A.1.a. Primary Responsibility
- ❖ A.1.c. Counseling Plans
- ❖ A.2.a. Informed Consent
- ❖ A.2.b. Types of Information Needed
- ❖ A.2.c. Developmental and Cultural Sensitivity
- ❖ A.4.a. Avoiding Harm
- ❖ A.4.b. Personal Values
- ❖ A.6.b. Extending Counseling Boundaries
- ❖ A.6.d. Role Change in the Professional Relationship
- ❖ A.10.b. Unacceptable Business Practice
- ❖ B.1. Respecting Client Rights
- ❖ C.1. Knowledge of and Compliance With Standards
  - ❖ C.2.a. Boundaries of Competence
  - ❖ C.2.b. New Specialty Areas of Practice
  - ❖ C.2.d. Monitor Effectiveness
  - ❖ C.2.e. Consultations on Ethical Obligations
  - ❖ C.2.f. Continuing Education
- ❖ C.4.a. Accurate Representation
- ❖ C.4.b. Credentials
  - ❖ C.7.a. Scientific Basis for Treatment
  - ❖ C.7.b. Development and Innovation
- ❖ D.1.a. Different approaches
- ❖ D.2.a. Consultant Competency
- ❖ D.2.b. Informed Consent in Formal Consultation
- ❖ E.7.h. Innovative Theories and Techniques
- ❖ Section G: Research and Publication
  - ❖ I.1.b. Ethical Decision Making

Additional resources:

- ❖ National Center for Complementary and Integrative Health (NCCIH) Health Topics A–Z: [nccih.nih.gov/health/atoz.htm](http://nccih.nih.gov/health/atoz.htm)
- ❖ NCCIH Clearinghouse: [nccih.nih.gov/health/clearinghouse](http://nccih.nih.gov/health/clearinghouse)
- ❖ NCCIH Mental Health portal: [nccih.nih.gov/health/mental](http://nccih.nih.gov/health/mental)
- ❖ NCCIH Resources for Health Care Providers: [nccih.nih.gov/health/providers](http://nccih.nih.gov/health/providers)
- ❖ *ACA Ethical Standards Casebook*, seventh edition, by Barbara Herlihy and Gerald Corey ❖

Joy Natwick is the ethics specialist for the American Counseling Association. Contact her at [ethics@counseling.org](mailto:ethics@counseling.org).

Letters to the editor:  
[ct@counseling.org](mailto:ct@counseling.org)

## PHD IN PASTORAL COUNSELING

grad school  
is calling you

- Weekend format
- Flexible hybrid learning
- Integrates psychology and spirituality



Aston, Pennsylvania • 610-361-5208

[www.neumann.edu](http://www.neumann.edu)



Chris McIntosh '17