



ACEP Guidelines for Representing Yourself as an Energy Psychology Practitioner

ACEP Ethics Committee 2009

Introduction

The Association for Comprehensive Energy Psychology (ACEP - energypsych.org) is committed to high quality research, education, credentialing, and ethical standards for the field of energy psychology. The organization's membership includes practitioners from a spectrum of backgrounds, clinical orientations, and credentials. While all must navigate similar practice and ethical issues in bringing energy psychology to the public, practitioners with different backgrounds and credentials must also operate within specific ethical, legal, and professional guidelines. This report offers a map of relevant issues for ACEP members according to their background and credentials and provides resources at the end for further assistance.

ACEP members fall into three practitioner categories in terms of licensure¹:

1. **Licensed mental health professionals.** These individuals are trained and legally authorized to diagnose and treat mental disorders, as defined by the *DSM IV*, (*Diagnostic and Statistical Manual of Mental Disorders, 4th Edition.*)
2. **Other allied health care professionals** whose license and training do not authorize them to diagnose or treat mental disorders.
3. **Unlicensed practitioners of the healing arts** encompassing a broad spectrum of practitioners, including such as life coaches, business consultants focusing on success in the workplace, and performance specialists working with athletes, singers, dancers, actors, etc.

Energy psychology clients, however, do not fit into neat categories. A business man, seeking help to be a better leader, may be hindered by depression for which he is unwilling to see a mental health professional. A massage therapist may be working with a client who, between sessions, is emotionally traumatized during a robbery. An athlete's inability to reach her full potential may be limited by childhood messages from her parents. Your client's initial understanding of your scope of practice provides a bridge for you to respond appropriately as such situations arises. In those cases, if you are a licensed professional, you provide the client only the services outlined by the terms of your license and scope of practice. If you are a non-licensed practitioner, you will make an appropriate referral, or work under the supervision of a licensed professional.

¹ In the USA, all 50 states license conventional health care professionals such as physicians, psychologists, nurses, social workers, naturopaths, and chiropractors. Other allied health care professionals such as counselors, acupuncturists, and massage therapists, are licensed in some states but not in others. State boards regulate the professional behavior of those within their jurisdiction, defining standards, ethics, and scope of practice.

Our basic obligations to whom we work and teach are:

- Protect the consumer
- Do no harm
- Do not confuse or mislead clients, the public, or licensing authorities

Five Basic Issues in Representing Your Energy Psychology Practice

When representing yourself to the public, several issues must be dealt with honestly and clearly in your advertising, website, informed consent procedures, and verbal statements. These include:

1. Energy Psychology Is Considered an Experimental Treatment

Energy psychology for mental health issues is an alternative clinical approach that is controversial and is not yet widely accepted within the conventional mental health community. It is not considered evidence-based or the “standard of care” at this time for any *DSM IV* disorder. By no means, however is it unethical to use an experimental approach, provided you have obtained proper informed consent. The public expects and has a right to a range of treatment options. It is certainly appropriate for you to describe your experiences and reasons for offering energy psychology methods and to present the theoretical basis and the growing body of evidence for the efficacy of the approach. The issue is **full disclosure** so your client can make an informed choice between a conventional approach and a less widely accepted approach.

A legally sound informed consent and disclosure document drafted specifically for you is an essential risk management tool for your practice.

In some cases, licensing boards or insurance providers may restrict the use of energy healing or other “experimental” practices. Some state boards have addressed complementary and alternative medicine (CAM) practices within the standards of care and scope of practice. Other states have not. We are seeing a wide spectrum of allowances and prohibitions regarding CAM interventions by various state licensing boards within the USA. This may be quite different for other countries. In Canada, a license to practice a given profession is provided by the respective professional college, commonly a provincial self-regulated body, which also oversees the practice of professional ethical standards, and protection to the public. There are general ethical standards for the country but also specific ones for each province. Until recently, the practice of psychotherapy was not regulated and virtually anyone was able to practice psychotherapy; however, it is currently in the process of becoming regulated by a government-professional board. The practice of CAM is not officially recognized in Canada with the exception of naturopathic medicine, TCM (Traditional Chinese Medicine), and acupuncture for pain relief only, and administered by licensed practitioners.

Based on information from our international members in Germany, the practice of CAM is far better accepted and legislated. (See reference.)

It is essential to know the local laws and polices regulating the services you provide.

2. Be Clear, Accurate, and Descriptive About Your Credentials

Anyone providing services to the public is required to represent relevant credentials (training, licensure, scope of practice) accurately, clearly, and in enough detail to avoid implications that are misleading.

- If you have a PhD, specify if it is in chemistry, theology, psychology, education, or other.
- Indicate the sources of your trainings, degrees, certificates, and ideally the organization or institution that granted them.
- Provide information about the nature of your license, including license number, which should be made available to the public.
- Describe the acronyms of a license, certificate, or diploma when it is not widely recognized or understood, such as the “DCEP” (Diplomate, Comprehensive Energy Psychology.)

Display your credentials in your bio-statements and all your marketing, advertising materials, forms of any kind, letterheads, website, blogs, etc. Be consistent with them on letterhead and other shorter formats – it is your responsibility to be sure you are not being deceptive, such as implying your PhD is in psychology when it is in chemistry.

3. Situations Involving *DSM IV* Categories May Be Hard to Avoid

Even if you are not licensed to diagnose or treat *DSM IV* disorders, you will still be confronted many times in your career with situations in which a person is coming to you for something other than a *DSM IV* disorder and, during the course of your intervention, the disorder may surface. Other times, the success of your work with the person may involve helping him or her *overcome the impact* that anxiety or depression or another *DSM* classification may have in his or her current life situation.

In some situations, you may realize that the client’s presenting problems are well beyond your training and scope of practice, and it is clear that you need to make a referral, and not attempt to address the *DSM* issue. However, because of the complexities and subtleties of human nature, it may not be at all clear-cut. Suppose you are a massage therapist providing weekly sessions to a woman who comes for preventive treatment after a history of back problems. You have taught her how to use energy psychology to better manage the stresses of daily life. You also use it occasionally during the sessions for stress relief, when the stress might interfere with the full effect of the massage therapy. One day, she comes in for her appointment obviously upset. She was the victim of an armed robbery three days earlier, and she finds herself shaking, ruminating about the event, having nightmares, sleep difficulties, and other signs of the aftermath of a traumatic experience. She hopes you will use your energy technique to help her reduce her distress. Instead of mild and ongoing stress, she now presents with a full-blown traumatic reaction. She is now in the domain of mental health. Can you provide the treatment she is requesting for a *DSM IV* disorder?

Technically, the client is suffering from a *DSM IV* diagnosis, “Acute Traumatic Reaction.” For starters, if you are a massage therapist (an energy health practitioner) you cannot name, diagnose, or treat a *DSM IV* disorder. However, you can teach her calming, centering, and relaxation techniques. That is within the scope of your license and your training. If your intervention helps her to the point where she does not need further treatment, you have provided an appropriate service. If the intervention partially helps her, or if the work on the recent trauma opens her to earlier traumas, you are at another choice point.

Having done what you can in the moment, a referral to a qualified mental health practitioner is called for.

Those not licensed to treat DSM IV disorders are expected to present to the public an accurate description of the scope of what they are able to provide.

There is a grey line, however. Not being trained or licensed to make a diagnosis, how do you determine if it is probable that a *DSM IV* disorder is involved and referral to a mental health professional is required? This is a critical issue for people not licensed as mental health professionals, who are nonetheless dealing with their clients' emotional issues.

It is incumbent upon you to receive the kinds of training that prepares you to make these determinations responsibly and for your client's highest good. ACEP, through the certification program, provides training in this issue. In addition, if you find yourself in a grey area or you are faced with a legal and/or ethical dilemma, it would be in your best interest to seek professional advice.

4. Ethics and Communication in a Digital Age

The rapid advance of technology and digital communication poses special challenges for energy practitioners. This refers to communication through social networks such as web sites, YouTube, Facebook, Twitter, blogs, serve-lists, etc. Guarding clients' confidentiality, your own private life, and communicating with decorum, dignity, and respect towards clients and the public are basic ethical expectations that need to be maintained. While electronic media can be an empowering tool for your practice, it is your responsibility to use it with care and sensitivity.

Other challenges arise when providing long distance services to clients in other states or countries over the telephone, email, or Skype. Your client's welfare is your overriding concern and you must design appropriate protocols and weigh whether face-to-face visits with a local practitioner would be more valuable than long distance treatment.

When providing long distance services, regulations of your licensing board, professional organization, or insurance carrier must also be considered. Current regulations appear to be well behind the curve on all of the ramifications of the technological changes in how we communicate. Nevertheless, energy psychology practitioners must remain mindful of the current laws and regulations under which their professional actions may be judged. State regulations stipulate that you are only allowed to treat a client in the state in which your license has been granted. For example, if a psychologist is licensed in Washington and provides treatment to a client in San Francisco via internet, Skype, phone, etc. that psychologist would not only possibly be in violation of his/her license in Washington, but also could be charged with practicing psychology without a license for providing services to a client in San Francisco.

Inquire periodically about the evolving rules and regulations concerning digital communication within your own field and your own state board.

5. The Use of the Words “Psychology” and “Energy Psychology” May Be Misleading

The word “psychology” is used by historians, economists, politicians, behavioral scientists, and health care practitioners who are not part of the profession of psychology. However, many states have strict regulations for the use of the term “psychologist” and for the use of the term

“psychology” in a manner that implies that one is practicing psychology.

The practice of psychology may be defined in a variety of ways but always includes the diagnosis and treatment of DSM conditions.

If you are not licensed to diagnose and treat *DSM* conditions, do not imply to the public that you are. Also, be very conscious of how you deal with the “grey line” discussed under Point 3.

Whether you are a licensed or non-licensed practitioner, when formulating public statements, advertising your practice, or promoting the field of energy psychology, you need to study the laws of your state and to seek the help of a qualified consultant or lawyer if needed. Misleading advertising can lead to potential claims of misrepresentation, practicing without a license, and fraud.

It takes little reflection to know that you cannot call yourself a psychologist if you are not one. Can you call yourself an “energy psychology practitioner”? In many cases, you cannot. This depends in part on your state laws. The usual justification that psychology boards raise is: the inclusion of the word “psychology” implies that you have training in human psychology, psychopathology, and psychotherapy that you do not have. From a legal standpoint, you risk being charged with practicing psychology and/or medicine without a license. Some states might even question the legitimacy of listing “Association for Comprehensive Energy *Psychology*” membership on your website, although such extreme interpretations of the restrictions on the word “psychology” could probably be challenged legally.

ACEP has taken the position of using the term “energy health practitioner” for unlicensed energy psychology practitioners and has created a certification program for non-licensed practitioners leading to the designation of CEHP (Certified Energy Health Practitioner).

Finally, certain adjectives are misleading and unacceptable when describing yourself as either an energy health practitioner or an energy psychology practitioner. If you have been certified as either CEHP or DCEP, that becomes your most appropriate adjective.

Examples of unacceptable adjectives include: “master” practitioner of EP, “licensed” practitioner of EP, “authorized” energy health practitioner and so on.

Concluding Remarks

It is in your personal interest, the interests of your clients, the public, and your community, that you represent yourself and your practice clearly and accurately. It is essential that you practice only within your scope of training and competence and in accordance with the laws and regulations that apply to you. Failure to comply can result in substantial fines and possible criminal prosecution. Whatever your level of training, licensed or not, it is also critical to create and maintain a referral network for clients you cannot serve effectively. If you have read this far, you are no doubt a practitioner who is committed to responsibly bringing more effective treatments to those who are suffering, and more effective tools to those who wish to transcend their personal limitations and soar toward their peak potential. We hope these guidelines will serve you in that intention.

We invite you to:

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Acknowledgement

Sections of this document were drawn, with permission, from the *Ethics Handbook for Energy Healing Practitioners: A Guide for the Professional Practice of Energy Medicine and Energy Psychology* by David Feinstein and Donna Eden

Resources

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4. Cohen H. Michael 2003 *Future Medicine: Ethical Dilemmas, Regulatory Challenges, and Therapeutic Pathways to Health Care and Healing in Human Transformation.*
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6. Hover-Kramer Dorothea with Midge Murphy 2008 (2nd edition) *Creating Right Relationships. A Practical Guide to Energy Therapies.*
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8. Sommers-Flanagan R., Sommers-Flanagan J., (2007) *Becoming an Ethical Helping Professional: Cultural and Philosophical Foundations*, John Wiley & Sons.
9. Warkentin Kerstin, Torsten Hartwig (2009) *Legal Guidelines for Medical Doctors and Health Practitioners in Germany.* (Document prepared for ACEP ethics committee. It can be obtained from the authors, or ACEP ethics director.)

Disclaimer

These guidelines are educational in nature and are provided only as general information, not as legal advice.