Ethics and Alternative Therapies: Considerations for Competent Therapists

An important aspect of professional ethics within a professional organization is protecting its members. Professional organizations often put in place self regulation, in the form of ethics, which adds to their credibility and adds a layer of protection to the public. As stated in the Preamble of the American Association for Marriage and Family Therapy (AAMFT) Code of Ethics, “Both law and ethics govern the practice of Marriage and Family Therapy. When making decisions regarding professional behavior, marriage and family therapists must consider the AAMFT Code of Ethics and applicable laws and regulations.”

When therapists consider incorporating alternative therapies into their clinical practice, it is important to reflect on the ethical implications. Working outside commonly acceptable clinical practices increases responsibility on the therapist and makes them vulnerable to liability. With this in mind, this article will offer an ethical lens through which to consider the value and liability of adding alternative therapies to your practice.

A historical look at our field reveals that our profession was at one time, and may be viewed currently by some, as an alternative approach to mental health treatment. It was the creativity of people like Don D. Jackson, MD, Murray Bowen, MD, Nathan Ackerman, MD, Milton Erickson, MD, Jay Haley, Gregory Bateson and others who questioned the wisdom of their day and challenged the psychiatric view of mental illness as something residing within an individual to one that viewed symptomatic behavior as an outgrowth of interactional patterns between people, primarily family. It is only through research, data collection and the replication of outcome results that the field of MFT has moved from an alternative approach to a mainline approach.

As therapists consider integrating alternative or unvalidated treatments into their practice, they incur additional liability, due in part to the lack of peer reviewed clinical data supporting the effectiveness and validity of the method. This risk, from an ethical standpoint, is greater between an approach’s inception and the dissemination of multiple peer reviewed outcome studies supporting the effectiveness of the alternative treatment. As you consider incorporating alternative therapies into your clinical practice, keep in mind the following ethical points. While not an exhaustive list, this will provide fundamental guidelines.

**Principle 1.2** Marriage and family therapists obtain appropriate informed consent to therapy or related procedures as early as feasible in the therapeutic relationship, and use language that is reasonably understandable to clients. When using alternative therapies, it is important to inform clients of any potential risks associated with the treatment, as well as information regarding the validity of the proposed treatment. This “informed consent” should include information regarding the lack of research or clinical support for a type of treatment, if such exists. Keep in mind that if you have to persuade the client to gain consent, you have violated this principle.
Principle 1.3. While developing new skills in specialty areas, marriage and family therapists take steps to ensure the competence of their work, and to protect clients from possible harm. Marriage and family therapist practice in specialty areas new to them only after appropriate education, training, or supervised experience. Protecting clients from possible harm should be at the forefront of every therapist’s mind. When a member considers integrating an alternative therapy into his or her practice, this goal should become even more apparent. One step in this process is for the therapist to inundate themselves with relevant peer reviewed research on the alternative therapy. It is through this objective and comprehensive study of the alternative therapy that the therapist can achieve a level of competence in a new treatment modality or be equipped to judge the alternative therapy inappropriate for their clients’ care.

Principle 8.1. Marriage and family therapists accurately represent their competencies, education, training, and experience relevant to their practice of marriage and family therapy. It is common to read bios of therapists representing themselves as having many years of experience “helping people and families” only to discover they have recently graduated from a training program, or therapists with a qualifying master’s degree listing a PhD and referring to themselves as “doctor” only to find out the doctoral degree is in something other than a mental health discipline. While it should be clear that these choices violate principle 8.1, it may be more difficult for people seeking professional help to make sense of the litany of letters after a therapist’s name, or the statements of expertise or certification in an unfamiliar treatment method. It is the member’s responsibility to be forthcoming and to represent the facts regarding clinical competencies, level of training and the clinical evidence supporting alternative therapies.

Principle 8.6. Marriage and family therapists do not represent themselves as providing specialized services unless they have the appropriate education, training, or supervised experience. This principle should simplify the decision process of a member considering the use of an alternative therapy. Before a member integrates alternative therapies into his or her practice, a few questions should be asked. Does the alternative therapy have a clearly defined educational process that is shown to equip the therapist with the appropriate level of skill and competence to practice? Does peer reviewed research exist that substantiates the effectiveness of the alternative therapy? Does peer reviewed research exist that may indicate contradictions or cautions related to the alternative therapy? Are peers or supervisors available for consultation who have achieved an advanced level of skill, training and experience utilizing the alternative therapy?

Ethics, by its very nature, is the attempt to make black and white out of gray. It is a difficult process, with ethical decisions made by the AAMFT Ethics Committee, in conjunction with legal staff. It is the hope of the authors that this information will be a less confusing and perhaps make a determination, assess the risks to your clients, and make sound judgments as you consider incorporating alternative therapies into your practice.