

## **ACEP Comprehensive Energy Psychology Certification Module:**

# **Ethical, Legal, and Regulatory Considerations in Energy Psychology**

## **Outline**

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## **Learning Objectives**

Upon completion of this four-hour learning unit, CEP practitioners will be able to accomplish the following:

1. Define and discuss "integrative medicine" in its current usage.
2. Explain the role of CAM in national health-care and CEP's relationship to it.
3. Describe three challenges facing CAM practitioners.
4. Identify five ways that ACEP assists its members in addressing CAM challenges.
5. Know and utilize all aspects of informed consent in introducing clients to CEP approaches.
6. Name and explain three essential components of informed consent.
7. Describe five areas of subtle but possible ethical violation.

8. Explain the principles of establishing right relationships with clients, colleagues, and oneself.
9. Differentiate the needs of clients receiving CEP treatments from those receiving cognitive therapies.
10. Differentiate the needs of CEP practitioners from the needs of practitioners using cognitive therapies.
11. Define your personal ethic of CEP practice in the framework of right relationships with clients, colleagues and yourself.
12. Resolve one known ethical dilemma stating the principles you would use to guide your decision.
13. List three potential sources of malpractice liability
14. Name and describe three risk management tools.
15. Identify your personal meaning of establishing right relationships.

## **Overview of Complementary and Alternative Medicine (CAM) and the Place of Comprehensive Energy Psychology (CEP)**

### **A. Introduction**

The mind/body therapy field includes a diverse and broad spectrum of healing modalities, including energy psychology. Traditionally, this field has included licensed health-care providers, such as psychologists, physicians, social workers, marriage and family counselors, psychiatrists, chiropractors, nurse clinical specialists, and mental-health counselors. The field also includes practitioners who are licensed in some states but not in others, such as naturopaths, acupuncturists, and massage therapists. There is a third group of mind/body healers that is currently not subject to licensure, which includes herbalists, medical intuitives, shamans, aromatherapists, Therapeutic Touch, Healing Touch, and Reiki practitioners, and energy medicine practitioners. Members of ACEP may be from any of the foregoing categories or laypersons. However, the focus of this course will be those therapists who are licensed and using CEP in their work with clients.

Mind/body approaches are growing exponentially, especially as the CAM becomes more widely recognized and used by our society. To insure a central office for CAM information, the National Institute of Health (NIH) has set up a whole division with extensive funding for research into the efficacy and safety of CAM modalities and their applications in health-care. However, there are no agreed upon ethical standards that encompass mind/body professionals. Many CAM practitioners believe ethical conduct is an essential component of the healing process requiring clear knowledge, skill in one's practice, and focused intention. Ethical conduct is also vital to the integrity, authenticity, and acceptance of CAM practitioners in mainstream health-care.

The purpose of this session is to provide you, as a CEP practitioner, the opportunity to learn about ethical concepts and to gain an understanding about the potential legal, ethical, and regulatory vulnerabilities that could be present in your practice. You will also gain an understanding about the ethical management of a CEP practice.

## **B. Definition of CAM and Energy Medicine**

There is no universally accepted definition of CAM. Michael H. Cohen, in his groundbreaking book *Future Medicine* (Ann Arbor, MI: University of Michigan Press, 2003) defines CAM as a consensus term for healing therapies that have historically fallen outside established, recognized biomedicine. He goes on to explain that CAM therapies have been classified into at least seven major fields of practice: (1) mind-body interventions; (2) bioelectromagnetic applications in medicine; (3) alternative systems of medical practice; (4) manual healing methods; (5) pharmacological and biological treatments not yet accepted by mainstream medicine; (6) herbal medicine; and (7) treatments focusing on diet and nutrition in the prevention and treatment of chronic diseases. The numerous subfields within these domains have been defined to include, yoga, prayer, and mental healing (under "mind/body interventions"); traditional oriental medicine and acupuncture, Ayurveda, homeopathy, and Native American medicine (under "alternative systems of medical practice"); chiropractic and massage therapy (under "manual healing methods"); and European phytomedicine (under "herbal medicine").

Cohen defines energy medicine as that "subset of therapies within the spectrum of complementary and alternative medical therapies that primarily are based on the projection of information, consciousness, and/or intentionality to the patient (p. 9)." He identifies energy psychology, medical intuition, Therapeutic Touch, Healing Touch, Reiki, Oriental medicine, distance healing, etc., as examples of energy medicine. And, we can accurately speak of a paradigm shift when we think of our hypotheses that there are non-mechanistic, non-reductionistic processes involved in achieving the remarkable outcomes for client well-being that are being reported with energy psychology.

To further clarify, the certification committee of the comprehensive energy psychology community (ACEP, minutes of Board of Directors meeting, May 5, 2004) defines CEP "as the use of energy-oriented interventions to bring about changes in thought and/or emotional structure of an individual toward optimal psychotherapeutic outcomes. The interventions may use individual components of the human vibrational matrix—biofield, meridians and related acupoints, energy centers—or combine these aspects into an integrated treatment plan."

Defining appropriate ethical conduct for practitioners of CEP is therefore innovative and requires willingness to think well beyond the usual psychotherapeutic parameters of non-harming and a client-centered orientation. Because we are developing our practice within a major paradigm shift, our thinking has to expand to include areas such as the healthy use of intuited material, helping clients to connect with their transpersonal consciousness, addressing non-ordinary states of consciousness, and holding exquisite clarity about boundaries.

### **C. Integrative Medicine - The Future of Health Care**

The emerging trend in the United States is to bring together conventional biomedical therapies with complementary and alternative therapies into clinical settings. “Integrative medicine” is the term being used to describe this new delivery system of health care. We see this trend occurring in psychology and counseling as CEP practitioners combine traditional talk therapy with energy modalities in their practices. As CEP practitioners, it is essential that we be knowledgeable about the emerging field of integrative medicine.

Those mind/body therapies that fall under the CAM umbrella will be more readily accepted as viable, ethical, and authentic practices if there are established organizations (such as ACEP) that have developed ethical codes, educational and certification requirements, research information, and national platforms. Thus, our CEP practice will be in the best position to be incorporated into an integrative health-care clinic. Other CAM modalities that do not have the benefit of national or state-level organizations run the risk of being subjected to regulations from outside agencies that may limit or actually ban particular modalities.

In addition, unwitting practitioners may be in violation of state medical/psychology practice acts that can subject them to criminal prosecution. For the safety of our practices and the credibility of our emerging discipline as well, it is imperative that we, as CAM-CEP practitioners, know and follow the laws, regulations, and requirements that pertain to our area of practice. Each practitioner within a licensed discipline—nursing, social work, marriage & family counseling, psychiatry, psychology, addictions specialists—must be fully familiar with their applicable state’s licensure laws and defined scope of practice. For example, nursing has no restriction on the use of touch for therapeutic reasons while psychology is very exacting in specifying that any touch must be made with full consent of the client, must be appropriate to the client’s needs, and limited to the theoretical base of the modality that is used. Although a great variety of techniques and approaches are taught at ACEP conferences, it is up to the individual practitioner to take full responsibility for utilizing the methods learned within his/her scope of practice.

### **D. National Overview of CAM Organizations & Educational Resources**

Several national organizations and educational resources are available to create a place within the health-care industry for CAM and the specific areas defined, including CEP. They and their purpose are as follows:

- 1. The National Academies, Institute of Medicine** – In recent years, CAM has become more widely used, and socially and politically accepted in the United States. Given this trend, the federal government has established within NIH, the office of Complementary and Alternative Medicine to study and research various CAM therapies and products. Under President Clinton, the White House convened a commission to study CAM. As a

result of the foregoing, the National Academies, Institute of Medicine (IOM), decided that it is important to explore and understand the scientific and policy implications of CAM-use by the American public. In January 2003, the IOM convened a study committee to explore scientific, policy, and practice questions that arise from the significant and increasing use of CAM therapies by the American public. Specifically, the committee was asked to identify major scientific and policy issues in the following four areas:

1. CAM research and challenges and needs.
2. CAM regulation in the United States and other countries.
3. Interface and integration of CAM with conventional medicine.
4. Training and certification questions.

The results of the study "Complementary and Alternative Medicine in the United States" has been published by the National Academies Press and can be ordered at [www.nap.edu](http://www.nap.edu). The website for IOM is at [www.iom.edu](http://www.iom.edu)

**2. Integrated Health-Care Consortium** - Gives the results of a National Policy Dialogue to Advance Integrated Health Care, final report March 2002. (You can download the Final Report off the American Association for Health Freedom website at [www.apma.net/federalaffairs-ihpc\\_mission.htm](http://www.apma.net/federalaffairs-ihpc_mission.htm).)

**3. National Health Freedom Coalition** - This is an organization whose mission is to promote access to all health-care information, services, treatments, and products; to promote an understanding of all the laws and factors impacting the right to access; and to promote the health of the people of the nation [www.nationalhealthfreedom.org](http://www.nationalhealthfreedom.org). Currently, four states have enacted legislation to insure the right of its citizens to have access to CAM modalities—CA, CO, RI, MD—and numerous other states are considering such legislation.

**4. Complementary and Alternative Medicine Law Blog--** Michael H. Cohen has created a blog that addresses all of the relevant ethical, legal, and regulatory issues in CAM, energy medicine, and integration medicine. [www.camlawblog.com](http://www.camlawblog.com)

On the national level, there is a tremendous amount of activity on various fronts to bring CAM (which includes CEP) into mainstream health care. This means that regulations, licensing, and educational requirements will most likely be implemented that could affect CEP therapists' ability to practice. We need to be aware that there is a groundswell of legislative maneuvers to limit access to CAM modalities as well. For example, a recent newsletter from the American Holistic Nurses Association (March, 2005) reports that IOM is recommending that CAM and conventional therapies be held to the same standards for demonstrating clinical effectiveness. Therefore, CAM therapies would be subjected to the same rigorous testing requirements as conventional therapies, although innovative methods to test some therapies may have to be devised. In addition, there are numerous laws pending to regulate the production and use of nutritional supplements.

In addition, organizations such as the Rocky Mountain Skeptics and Quackwatch are eager to debunk especially the energy-related modalities. The national website, run by physicians hostile to CAM that gives very biased information about our modalities, is [www.quackwatch.com](http://www.quackwatch.com).

## **E. The Importance of ACEP's International Organization and Ethics Codes**

A professional organization can set the tone for valuing the specific healing modalities of its practitioners. It can identify the courses that qualify for certification and requirements for re-certification. It can provide continuing education and training regarding ethical issues that arise in working with clients. An organization can unite to defend its ethics and the efficacy of a particular healing modality even if it is innovative.

It can be legally unethical to practice an innovative technique with a client unless that technique has proven value. Practitioners of CEP techniques are not yet able to demonstrate therapeutic value by demonstrating large numbers of scientific research studies nor do we have the rationale that it has been accepted by a critical mass of traditionally licensed professionals. However, ACEP has over 800 members (practitioners and clients) who agree there is therapeutic value in CEP methods. The organization has also established an ethical code of conduct and standards of care for CEP. By doing so, we are in a better position to defend our approaches should they be questioned. An active Ethics Committee, chaired by a member of the ACEP Board of Directors, is available to assist all members with legal issues or ethical concerns related to their practice of CEP.

## **Ethical and Legal Principles for CEP Practice**

### **A. Definitions – Key Terms**

The overall purpose of ethics is to guide professional practitioners so that clients' welfare remains the first priority. In some cases, practitioners may inadvertently act unethically because they have not considered the relevant issues.

The foundation for creating ethical codes in CAM and energy psychology can be found in various related health-care fields such as medicine, psychology, and massage. While none of these fields operates exactly in the same way as energy psychology's use of subtle energies, intentionality, and consciousness, they do provide a solid foundation for ethical behavior.

1. **Ethics** is the study of moral principles and appropriate conduct. As such, ethics goes beyond what can be defined or codified in legal terms or laws.
2. **Values** are tangible and intangible convictions that an individual considers of intrinsic worth.
3. **Principles** comprise an individual's code of action and enable a person to behave with integrity.

4. **Integrity** means that there is harmonious, consensual dialogue between internal functions (values) which results in external behavior that is consistent and ethical.
5. **Morals** relate to the judgment of goodness and badness of human behavior and character and are usually based on cultural or religious standards.
6. **Laws** are codified rules of conduct set forth by a society and generally based on shared ethical or moral principles.
7. **Professionalism** is the quality of the image an individual conveys. Professionalism stems from your attitudes and is manifested through your competency, your communication skills, your ability to manage boundaries, your respect for yourself and clients, and your business practices.

## **B. Areas In Which Ethical Violations Can Occur**

1. Practicing beyond the scope of practice; i.e., exceeding one's skill level
2. Sexual misconduct
3. Misrepresentation of educational status; misrepresentation of skill level
4. Financial impropriety
5. Exploitation of the power differential
6. Misleading claims of curative abilities
7. Bigotry; being judgmental of clients
8. Inappropriate advertising
9. Dual Relationships (example: applying treatments casually for family,
10. demonstrating techniques at a party)
11. Violating rules of confidentiality
12. Ignoring contraindications, inappropriate selection of client for a
13. specific modality
14. Failure to obtain informed consent
15. Failure to honor the fiduciary relationship
16. Working with complex client issues without adequate supervision
17. Practicing below the standard of care

## **C. Self-Accountability**

In essence, self-accountability is the cornerstone of ethics. It is about who you are and what you do when no one's watching you. When you have a well-developed sense of self-accountability you are honest with yourself, and you are answerable and fully responsible for what you say and do at all times. You have the ability to look beyond the immediate moment to consider all the consequences of your actions and to be willing to accept them. This personal ethic is the precursor of your professional ethic. You are not likely to be more ethical in your professional life than you are in your personal life.

An important new concept is emerging in the caring professions: the caregiver and what he/she brings to the therapeutic setting as a person is more important to the outcome of care than the choice of techniques employed in giving the care. Ethical guidelines within the professional group or specialty provide an external locus of control. Self-examination of values and motivations stimulates development of internal locus of control for those

who want to expand their consciousness. External guidelines are helpful but ultimately you will use your own values and motivations to choose a course of action. Ethical codes encourage behavior that is more effective therapeutically and discourage behavior that is ineffective and therapeutically harmful.

In the past, the focus of ethical directives has been punitive rather than educational in nature. Currently, there is a shift in thinking that goes beyond prevention of harming (non-maleficence) to an ethic of caring that honors the sacred contract between healer and healee, therapist and client. This movement brings the focus of ethical codes to valuing the energetic, spiritual connection between therapist and client.

#### **D. Values Clarification**

When your values are congruent with the way you lead your life and run your business you will have a satisfying and balanced life. After all, major conscious and unconscious dynamics influence the decisions you make throughout your personal life and your professional career of practicing energy psychology.

**Core Values Evaluation** – Going through the following exercise helps to make clear your core values.

1. What values are fundamentally essential to me?
2. What are the character traits I feel are most important?
3. In evolving my values, who and what have been key influences?
4. What are my attitudes and beliefs about wellness?
5. What are my viewpoints and opinions about my profession?
6. What are the five most significant personal characteristics for a CEP practitioner?
7. What are the five key professional traits for a CEP therapist?
8. What are the three most important internal qualities of a CEP therapist?
9. How do my values impact my work with clients?
10. Do any of my values conflict with professional codes and/or licensing rules and regulations?
11. Do any of my personal values contradict current laws or regulations?

As you answer each question allow yourself to notice how some values have changed over time while others have remained constant.

#### **E. Core Psychological Concepts in Ethics**

To behave responsibly and ethically, every practitioner must intimately understand a number of core psychological concepts. These concepts constitute the bedrock of ethical decision-making and responsible behavior in all professional and, as a bonus, personal relationships. The major considerations for a therapeutic relationship are:

1. **Client-centered**—The focus and purpose of all interventions is directed at client needs and treatment, and not the therapist’s desires, interests, or wishes. Client-centered also means that the client has a voice in the process and must agree to the course of treatment for it to proceed (informed consent). The client is considered a partner in the decision-making process. The therapist has a commitment to create a space that supports and nurtures the client, allowing for the inner wisdom of the client to be a force in direction of treatment.
2. **Fiduciary relationship**— All health-care practitioners have a fiduciary relationship with their clients. “Fiduciary” is a legal term that applies to a professional in whom a client places his/her trust. It is a term that places a higher standard of behavior and responsibility on the practitioner.
3. **Structure** —The therapeutic relationship is structured so that a specific time to meet is set in a professional environment, the length of each session is determined, and other office procedures and payment requirements are agreed upon.
4. **Safety** -- The client has a right to expect that emotional, spiritual, energetic and physical boundaries are honored and that the environment is safe and does not include inappropriate personal comments or sexual advances.
5. **Power differential** – The power differential is inherent in any therapeutic relationship. In theory and in ethical practice, the power differential exists to benefit the client, who is in a more vulnerable position. There is an implicit acknowledgment that the practitioner has more knowledge and expertise in the counseling relationship that is amplified by the physical, psychological and spiritual aspects of energy psychology.
  - a. **The Practitioner’s role** –How is the person with more power handling that power? To maintain an ethical practice, the person in power must pay special attention to the needs of the person with less power and maintain the integrity of the client’s boundaries when the client has significantly relaxed those boundaries.
  - b. **The client’s role** –How is the person with less power responding to the other’s use of power? It is the practitioner’s responsibility to be aware of ways the power differential may be affecting the client’s ability to raise concerns.
6. **Transference and Counter-Transference**—Transference happens when the client personalizes the professional relationship with the therapist which diminishes the effectiveness of the therapeutic relationship. The more disorganized, disempowered, and lacking in internal resources clients are, the more susceptible they will be to transferences. Counter-transference is the inability of the professional to separate the therapeutic relationship from personal feelings and expectations of the client. Therefore, the therapist should seek the prevention of excessive client dependency, emphasize personal empowerment as a goal of therapy, avoid judgments about a client, seek supervision when experiencing difficulty, and refer clients when appropriate.

**F. Major Sources Of Potential Liability Risk and Risk Management Tools (courtesy of Michael H. Cohen, J.D., [www.michaelhcohen.com](http://www.michaelhcohen.com))**

1. Major sources of potential liability risk are:
  - a. Offering clients one or more therapies that have limited evidence in the medical literature for safety and/or efficacy.
  - b. Not asking clients on intake about use of dietary supplements; or; recommending or selling supplements within the office or organization.
  - c. Lacking a robust informed consent process (dialogue and decision-making) and/or appropriate informed consent and waiver forms.
  - d. If sharing space or resources with other clinicians (e.g., physicians, chiropractors, acupuncturists, massage therapists) in an integrative care or holistic wellness clinic, or simply referring patients to them – receiving payments from them, either in the form of rent or other exchange, that are based in part on the number of patients they are visiting.
  - e. Neglecting a current review of the claims on your website, in your client brochures, marketing materials, on your product labels, and in your patient encounters, to ensure they are consistent with federal Food and Drug Administration (FDA) and Federal Trade Commission (FTC) guidelines.
  
- 1) The top five liability risk-management tools are:
  - a. Evaluate the literature and decide how risky the therapy is in terms of safety and efficacy.
  - b. Keep back-up files of the literature.
  - c. Provide clear informed consent that takes into account the risks and benefits of all therapies (whether labeled “conventional” or “CAM”). Document that you have given informed consent citing risks and benefits to the client and that the client freely chose to participate in the approach you offered.
  - d. Continue conventional diagnostic and therapeutic regimens or, at least, monitor conventionally to ensure there are no missed diagnoses or overlooked conventional treatments that might have been medically necessary. Document that medical evaluation of the client’s symptoms has been made.
  - e. Seek consultation and supervision from a person who is known to have expertise for complex situations. Make referrals to appropriate practitioners for areas that are beyond your skill level.

## The Ethics of Caring – Establishing Right Relationship

### A. Expanding the Definition of Ethics

1. Traditionally, the orientation of ethics is the avoidance of litigation and is based on the moralistic views of society rather than on an examination of the values, motivations, and relationships with clients. Kylea Taylor, in her seminal book *The Ethics of Caring, Honoring the Web of Life in our Professional Healing Relationships* (Santa Cruz, CA: Hanford Mead, 1995), has expanded the definition of ethics to include the spiritual principle of reverence for life that underlies all healing systems. Taylor's expanded therapeutic paradigm is based on honoring the interconnectedness of all life in all dimensions. Taylor's model recognizes spiritual longings and psychospiritual phenomena as part of this expanded therapeutic paradigm. This includes any state of consciousness in which there is heightened sensitivity and awareness resulting in a variety of specific phenomena not usually recognized by traditional psychology. Taylor's model is appropriate for understanding ethics in energy psychology because it takes into account the subtle energies and non-ordinary states of consciousness that occur when we use energetic-based healing modalities in working with clients. The ethics of caring gives practitioners insights into themselves and the sacred relationships they share with their clients.

2. When you frame your relationship with your client as a sacred contract, then you are invoking spiritual truths as the governing force in that relationship.

3. Ethical guidelines within energy psychology, as promulgated by ACEP, provide an external locus of control. Self-examination of values and motivations stimulates development of an internal locus of control for those who want to expand their ethical consciousness.

### B. Ethical issues specific to Energy Psychology

1. Being clear about practitioner intention is the foundation for ethics in CEP.
2. Informed consent—considering risks and benefits, client choice, permission, awareness of power differential, fiduciary relationship.
3. Communicating about CEP with clients and colleagues to describe the work in a framework (such as mind/body interaction) that is understandable and does not make exotic claims or create misperceptions.
4. Insuring that the CEP practitioner's competence and training in CEP are adequate to the needs of the client.
5. Practicing within one's scope of practice, using adjunct modalities with CEP and making referrals as appropriate.
6. Assuring client's safety during and after a CEP session.
7. Demonstrating authentic caring and clarity about use of limited touch in CEP.
8. When handling intuitive information, knowing the difference between ego projection and genuine intuition.

9. Knowledge of a client’s vulnerability and suggestibility when CEP modalities are utilized.
10. Understanding the potential for stronger and more complicated transference and counter-transference because of the rapport that energy modalities generate.

### **C. Basic Terms of the Therapeutic Sacred Contract**

1. Caregiver will do no harm.
2. Caregiver will keep confidentiality.
3. Caregiver will get informed consent from client and honor client choice.
4. Both will tell the truth to each other.
5. Client will do no violence to persons or property.
6. Both will keep agreements with each other.
7. Both will not act sexually or romantically with each other.
8. Both will agree clearly on time, place, duration of session, and fee.

### **D. Defining “Right Relationship”—appropriate, caring, honest interactions in all levels of professional life—with clients, colleagues, oneself**

**With Clients**—examples: insuring that risks and benefits of any innovative modality have been discussed, client has made clear choice, the power differential has been honored, the fiduciary relationship is maintained, documenting of informed consent and adequate medical evaluation.

**With Colleagues**—examples: presenting CEP in understandable rather than exotic terms, making no excessive claims, being open to differing points of view, maintaining professional image in one’s community, making referrals as appropriate, regularly seeking supervision and consultation, being willing to teach and share new material, honoring the work of other practitioners with whom you may disagree, avoidance of “badmouthing” or gossip.

**With Oneself**—examples: awareness of personal skill levels and of personal needs, maintaining clear intention on behalf of clients and self, energy hygiene with frequent centering, willingness to face personal shadow material, willingness to participate in ongoing learning.

### **Assignment**

Prior to attending the two-day in vivo training that complements this ethics module:

1. Please obtain a copy of the “scope of practice” within the professional practice that defines your profession in your state (usually this can be accessed on your licensing board’s website) and be prepared to discuss concerns related to innovative therapies within your scope of practice.
2. Complete the Core Values Evaluation Exercise on page 8 above and be prepared to discuss your answers.

3. Read the three ethics documents given below—Code of Ethics, Standards of Care, Document of Ethics Procedures—and be prepared to discuss them and their relevance to you and your practice. These can also be found on ACEP’s website

[www.energypsych.org](http://www.energypsych.org)

## code of ethics

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### INTRODUCTION

Energy Psychology (EP) treatments are at the leading edge of interventions to reduce human suffering and promote peak human functioning. Because of this innovative nature of the discipline, energy treatment practitioners face ethical challenges that not only include, but also go beyond, the concerns of more traditionally based practitioners. In addition, Energy Psychology is multidisciplinary, comprised of many different types of helping professionals and non-licensed practitioners. Therefore, the Association for Comprehensive Energy Psychology (ACEP) has an obligation to articulate the ethical principles that must be addressed by energy practitioners.

ACEP is committed to establishing the credibility and ethical application of this family of methods with the public, mental and physical health professions, and licensing bodies, and to promoting meticulous research. ACEP therefore has a duty to provide ethical guidelines that promote these goals. Members of ACEP agree to abide by this document as a condition of their membership in ACEP.

### ASSUMPTIONS

ACEP’s Ethical Guidelines presuppose that all Energy Psychology practitioners who are bound to a code of ethics and standards of practice by virtue of their licensure and/or membership in an organization of their fellow professionals will overlay ACEP’s ethical principles on top of their own profession’s codes and standards.

The Guidelines also presuppose that ethics begins with personal healing and integrity and extends into the issue of training and expertise, and that ethics is logistically expressed through certain specific mechanics of providing services and products. This document addresses all these dimensions.

### THE IMPORTANCE OF PERSONAL HEALING AND INTEGRITY

The Guidelines begin with the assumption that the more we have developed by doing our own personal growth work, the more likely we are to behave ethically with our colleagues and with those entrusted to our care. In this context, personal growth work does not only mean treating ourselves for surface issues such as a phobia or an anticipatory anxiety. Personal growth work means knowing and healing the aspects of ourselves that may impede our capacity to give the best treatment to our patients or clients. These aspects may include, but not be limited to, our wounds (trauma and loss from life experience and our susceptibilities to external superimpositions on our functioning), which produce blind spots

in ourselves, preventing us from easily knowing how we impede the growth of ourselves and others. For the purposes of clarity, the term "shadow" will be used in these Ethical Guidelines to denote the negative and positive aspects of ourselves that we disown. This term has been used in the field of psychology for decades, and is the most concise way to clearly refer to the phenomenon. It is also a cross-cultural and cross-discipline term, used, for example, by Shamanic practitioners. Whatever aspects of our shadow we haven't discovered and dealt with eventually will influence our attitudes, perceptions, and interactions in subtle and gross manners, distorting our abilities to respond with full presence to the people who come to us for help. In other words, those who deny or continue to be blind to their own shadows are most likely to be influenced by them. At the very least, these shadow elements may blind us to perceiving issues that are uncomfortable for us, or leave us reluctant to explore them. At worst, these shadow issues may lead us to act in ways that are primarily for our own defensive or gratification needs rather than for the good of our clients or patients. Therefore, energy treatment practitioners have an ethical obligation to address their shadow issues on an ongoing basis. This is why a discussion of the shadow has been woven into this ethics document.

These Ethical Guidelines therefore guide us to the following:

1. Be committed to lifelong personal development;
2. Be the first recipients of the methods we want to offer to others, and be satisfied that these methods have produced valuable and durable changes in ourselves;
3. Know our limitations as people and as helpers, setting our boundaries accordingly with those we help and with colleagues;
4. Be committed first to do no harm to others, and second to humility (which includes trusting our clients' wisdom) which allows us to acknowledge and deal with our own egos (which may tempt us to try to exert power over others);
5. Articulate our own personal ethics system, so we can be satisfied that ACEP's Ethical Guidelines are sufficiently compatible with our own personal standards that we can agree to enact ACEP's Ethical Guidelines with a clear conscience;
6. Accept that behavior that is separated from our state of development and healing is unethical at core, regardless of how ethical it may appear superficially. In other words, it is not enough to look on the surface as though we are behaving properly. We must be willing to discover and heal any blocks within us that interfere with our behaviors reflecting our state of heart, mind and soul. This means that we present ourselves as our authentic selves when we teach or heal, rather than presenting an image;
7. Seek feedback, guidance, consultation and supervision from colleagues, mentors and supervisors to help us deal with our blind spots and shadow. Open ourselves to feedback offered by our patients, clients, colleagues and mentors.

These Guidelines therefore guide us toward, first and foremost, personal integrity and authenticity, and the commitment to ongoing personal healing and development.

**ETHICS AND EXPERTISE**

Energy Practitioners provide to others only those methods in which they are sufficiently trained. Practitioners select teachers and mentors who they trust have both the skills and the ethics to help the practitioner recognize when s/he is competent enough to use their methods to help others. Practitioners remain up-to-date on the latest developments in theory and research concerning energy diagnostics and treatment. Energy Practitioners recognize that knowing this information provides them with increasingly useful and accurate ways to ethically represent these approaches to the public, patients, clients, colleagues and licensing bodies.

Energy Practitioners know the limits of their competence and seek supervision and consultation for problems and situations that challenge their knowledge and abilities. Energy Practitioners do not use treatments in which they have not been trained to the degree deemed appropriate by the inventor of the treatment.

Energy Practitioners are trained in the recognition and treatment of transference and countertransference issues that arise during treatment. Energy Practitioners understand that these issues are likely to arise whether or not the healing relationship is formally called psychotherapy.

Energy Practitioners are clear enough and specific enough about both their expertise limitations and their own personal limitations to know when to refer a client or patient to another practitioner. Energy Practitioners maintain a referral list consisting of high caliber colleagues.

Energy Practitioners pursue continuous professional development. Continuing Education for Energy Practitioners includes periodic attendance at presentations on ethics and scope of practice issues specifically for energy practitioners; since Energy Psychology goes beyond traditional practices, ethical issues also go beyond the scope of traditional training in ethics and scope of practice.

# STANDARDS OF PRACTICE

## INTRODUCTION

Ethical standards of practice for Energy Practitioners include scope of practice; informed consent; therapeutic relationship; confidentiality; boundaries; record keeping; colleague relations; special guidelines for non-licensed practitioners, trainers, students, researchers and those who work with children; and query, complaint and disciplinary mechanisms.

## SCOPE OF PRACTICE

Energy Practitioners provide diagnostic, treatment, teaching, supervision, consultation and mentoring services only in the fields in which they have received training deemed sufficient by an accrediting body, if such an accrediting body exists. Examples of fields in which accrediting bodies do exist include psychotherapy, acupuncture and medicine. Examples of fields in which accrediting bodies do not exist include healing, coaching and Shamanism. In these non-accredited fields, it is most important that practitioners follow the apprenticeship or other training programs as they are recommended by those who are most senior and respected in each field, and that practitioners offer only services in which they have received training deemed sufficient by the standard of that profession. Energy Psychology training in any field is not deemed sufficient to practice in that field; one must be trained in psychology to practice psychology, in acupuncture to practice acupuncture, and so on. Training in Energy Psychology, therefore, is considered an enhancement of other clinical training, rather than a replacement for it.

## INFORMED CONSENT

Energy Practitioners provide clear information to prospective patients or clients about the mechanics of the work (including but not limited to length and frequency of sessions, fees, cancellation policies, how diagnostics and treatments are carried out, etc.), and ensure that prospective clients or patients agree to these parameters before beginning treatment.

Energy Practitioners provide information to patients and clients about their training in both energy and traditional treatments that may be used. This information should include the limitations to training, efficacy of treatment and potential side effects. Energy Practitioners avoid using titles that may be misleading to clients or patients who may be unfamiliar with the legal intricacies of which professions are permitted to use which titles. Any claims made by Energy Practitioners concerning the efficacy of their work in particular or Energy Psychology in general must be backed by research data and a theoretical framework. Clients or patients must be informed that these treatments are still considered novel and experimental, and that as consumers, they have the right to know about and use more mainstream treatments that are also used to treat their presenting issues.

Additionally, Energy Practitioners bear in mind that their training in energy methods may give them an unfair advantage in their dealings with others, whether these others be clients, colleagues, friends, family members or even strangers. Because of this, energy practitioners ask permission prior to performing diagnostics or treatments on others, including when considering doing remote or surrogate scanning or healing.

## **THERAPEUTIC RELATIONSHIP**

Energy Practitioners build a collaborative relationship with those they serve, as opposed to a relationship of power or dominance. This includes, but is not limited to, the practitioner helping the client to recognize and access sources of inner input and inner wisdom they might not have known they could bring to bear in assisting with the diagnostic and treatment process. The practitioner draws out the client's wisdom before respectfully offering his/her own hunches or tentative interpretations to the client.

Energy Practitioners assist clients in advocating for themselves when various aspects of their lives impede their well-being; this assistance may at times involve action by the practitioner when appropriate, as in cases of detrimental decisions of insurance companies.

The treatment aspect of the professional relationship between Energy Practitioner and patient/client ends when treatment ends; however, the practitioner has responsibilities that continue following termination of treatment. These include maintaining confidentiality, providing follow-up care, and sharing client information with colleagues as requested by the client/patient. Energy Practitioners may not withhold this information for any reason (including non-payment of fees) if the client has waived confidentiality.

Energy Practitioners do not abandon patients/clients for any reason. If a client can no longer pay the fee for service, the Energy Practitioner may consider adjusting the fee or may refer the client to an alternate practitioner.

## **CONFIDENTIALITY**

Energy Practitioners do not divulge the identities of their clients to others. The patient (or the patient's legal guardian or conservator) is the only person who has the right to determine who has access to information about the treatment, including the very question of whether a person is in treatment with the Practitioner. Practitioners understand and inform their clients about the legal limits of confidentiality and privilege according to each practitioner's particular licensure or non-licensure.

## **BOUNDARIES**

**OVERVIEW:** Energy Practitioners recognize that in dealing directly with people's energy systems, we have a higher responsibility than normal to attend to subtle boundary issues. Energy Practitioners keep their own energy systems strong and resilient, so that they remain independent of external energetic influences, including other people. Energy Practitioners learn methods of protection for dealing with toxic situations. Energy Practitioners protect other people from being intruded upon by the unrequested use of the practitioner's abilities.

**DUAL RELATIONSHIPS AND POWER DYNAMICS:** Energy practitioners closely monitor their own giving-to-get needs, power needs, the need to be liked, the need to be the best, sexual needs, etc., and they seek help from other practitioners through treatment of these issues and/or through case consultations. Practitioners do not use their abilities to work with energy to have power over another person, to manipulate another person, or to create an unequal relationship with another person. Dual relationships that are never

acceptable are ones in which a practitioner develops a new friendship, business relationship or any kind of romantic/sexual relationship with the patient or client while treatment is occurring. More restricted injunctions against dual relationships that are required by an energy practitioner's profession supersede the guidelines set forth here.

**INTRAPERSONAL BOUNDARIES AND PRIORITIES:** Energy practitioners respect the impact of intention on their work. They also hold as the highest priority the best outcome of their patients or clients. This combination leads energy workers to establish firm intrapersonal boundaries a) between service and self-gratification; and b) between intending the best for the patient/client and being attached to the outcome. Energy practitioners therefore dedicate 1) themselves to the service of those patients, clients or students before and during each session or workshop; and 2) their work to whatever they consider the ultimate source of life. Energy workers resolve to do the best they can and to remain unattached to the results.

### **RECORD-KEEPING**

Energy Practitioners document having acquired informed consent to treatment from all clients. Those Energy Practitioners who are licensed in a profession maintain session records in the manner required by that particular profession.

### **COLLEAGUE RELATIONS**

Energy Practitioners treat all colleagues with dignity, respect and courtesy, talk about colleagues in respectful and appreciative ways and credit colleagues for their contributions and innovations. Conflicts are brought up directly whenever possible, with involvement by ACEP added only if the issue cannot be acceptably resolved in this manner.

## **SPECIAL GUIDELINES: NON-LICENSED PRACTITIONERS, TRAINERS & PRESENTERS, STUDENTS, RESEARCHERS, AND PRACTITIONERS WORKING WITH CHILDREN**

**SPECIAL GUIDELINES FOR NON-LICENSED PRACTITIONERS:** ACEP appreciates that most non-licensed practitioners have not had formal coursework and supervision in the areas of ethics and scope of practice. However, all practitioners of energy methods take on considerable ethical obligations when they choose to provide services or products related to energy diagnostics or treatment. Therefore, all Energy Practitioners are required to participate in regular consultations with practitioners who are senior to them in their own professions, and attend training courses in energy practitioner ethics and scope of practice issues. All non-licensed and non-mental-health-trained Energy Practitioners are also strongly encouraged to attend ACEP's course in Basic Counseling for Energy Practitioners.

**SPECIAL GUIDELINES FOR TRAINERS AND PRESENTERS:** Energy Practitioners present or provide training in any method only after receiving permission from the developer or the developer's designated representative.

The need to establish credibility through sound practitioner training necessitates that Energy Psychology trainers make a point of being trained in sound curriculum design and training methods, thus ensuring that training is as proficiency-based as possible. Trainers incorporate modules into their training programs on ethics, scope of practice and responsible referring. Trainers credit those whose theories, research, methods and other contributions are being taught. The trainer shoulders the responsibility to assess the capabilities and limitations of trainees, and to provide feedback to trainees concerning these issues. Trainers restrain overeager, impulsive, immature, or otherwise unwise trainees from going outside established guidelines for practice in the modalities in which they are training. Trainers encourage mature, seasoned trainees to innovate, and to receive training in multiple energy diagnostic and treatment approaches. Trainers create consultation mechanisms for their students to use. For the sake of protecting the public, trainers develop methods to evaluate the proficiency of trainees prior to any formal certification they may choose to offer in the method they teach.

Trainers and presenters are cautioned to prioritize the welfare of volunteers for demonstrations above the presentation itself. Trainers and presenters ensure that volunteers who are selected for demonstrations will not be harmed by the demonstration. Demonstration volunteers should sign a waiver prior to work being begun that describes the potential risks of volunteering as a demonstration volunteer, including loss of confidentiality and the possibility of issues and emotions unexpectedly arising. Trainers and presenters do proper informed consent with demo volunteers in front of the group, so that the attendees can witness specifically what the demo volunteer is agreeing to, thereby decreasing unnecessary confusion among both volunteers and attendees. Trainers and

presenters who choose to do live demonstrations provide care for any volunteers who may not have completed processing initiated by the demonstration. The trainer has an obligation to provide first aid for any immediate distress that arises during or as a consequence of a demonstration and to offer an appropriate referral. Trainers do not charge for first aid treatment in this circumstance. If a deeper issue is uncovered during a demonstration, or if what is uncovered goes beyond the scope of the demonstration, the presenter is not obligated to provide ongoing therapy to resolve that issue unless no waiver was signed indicating this possibility. If an appropriate waiver has been signed, the presenter's obligation is to provide first aid and a referral, as described above. Trainers and presenters who choose to show a video or other representation of their work are responsible for acquiring the informed consent of the video (or other media) demonstration patient/client. Trainers and presenters who use such materials are responsible for ensuring that their clients/patients understand the limits of confidentiality of these materials and the potential that the individuals represented in such materials may be identified. Whether trainers and presenters do live or video demonstrations, they remind the audience to maintain confidentiality concerning the identity of the demonstration volunteer and any personal information that may arise. Trainers and presenters never provide a demonstration, live or on video, that highlights a patient or client's particular vulnerability for the purposes of exploitation. Clients or patients with especially vulnerable diagnoses, such as Dissociative Identity Disorder, are not used as demonstration volunteers without consultation from at least one senior ACEP trainer.

**SPECIAL GUIDELINES FOR STUDENTS:** Students make a point of thoroughly learning and practicing a particular intervention prior to using it with clients or patients. Students do not use complicated or potent energy diagnostic or treatment methods that they've only read about or seen demonstrated. They seek ongoing consultations while learning new methods. Students credit those who generated the diagnostic approaches, intervention methods, research and theories they use or mention in treatments.

**SPECIAL GUIDELINES FOR RESEARCHERS:** Researchers in energy methods adhere to research guidelines set forth by their choice of either the American Holistic Medical Association or the American Psychological Association.

**SPECIAL GUIDELINES FOR THOSE WORKING WITH CHILDREN:** Children pose multiple ethical challenges to practitioners. Consent for treatment requires the agreement of both the caretakers and the child. Children are more sensitive and vulnerable to adult inputs and the practitioner is therefore obligated to work with extra sensitivity and caution with young clients. Children may not be able to identify or articulate their problems. The practitioner is therefore reliant on caretaker, school, and social agency reports to determine the scope, extent and severity of problems. Children often are antennas for family tensions. Practitioners must be aware of systems theory, family dynamics, and family therapy in order to address properly the needs of children presented by their parents, by schools, or by social agencies for assessment and/or treatment. Practitioners need to be sufficiently trained to recognize that often the child is not the problem. The family, school, or agency may be the actual source of the tensions that are expressed by the child's symptoms. The practitioner must be able to provide a safe environment in which the child

can address his or her problems. This may require advising, confronting, or challenging caregivers, or even reporting situations of verified or suspected abuse to social agencies. The child's caregivers need to be provided with information as to the limits of confidentiality that apply to that particular practitioner, as part of the informed consent process prior to commencing treatment.

### **QUERY AND COMPLAINT MECHANISMS**

It is ACEP's hope that by articulating ethical principles for Energy Practitioners as clearly as possible, ethics issues will arise quite infrequently. Nonetheless, ACEP itself has an ethical obligation to provide compassionately designed, eminently fair, clearly articulated and highly efficient mechanisms for handling both ethics queries and ethics complaints whenever necessary. The Query and Complaint mechanism has been designed to accommodate an international body with members who cannot be required to meet in person to resolve fairly every complaint. The design also aims to preserve confidentiality by having less than the entire Ethics Committee attend to every complaint. Further, the design permits the resolution of more than one complaint or query simultaneously, and provides for the possibility that one or more members of the Ethics Committee may choose to disqualify themselves due to a conflict of interests. Finally, the process recognizes the power differential between teachers and students and between practitioners and patients, (unlike, for example, the collegial relationship) and therefore provides different mechanisms to address these power structures from those it provides for more collegial relationships.

It is ACEP's aim that energy treatment students, trainers, practitioners and clients have access to fair and effective query and complaint mechanisms when needed to resolve conflicts or to address ethics questions. ACEP provides these mechanisms through the ACEP Ethics Committee.

The Ethics Committee, comprised of seven members appointed by the ACEP Board of Directors, will annually designate an Ethics Query and Complaint Subcommittee (EQCS), to include at least three members of the Ethics Committee, to receive and respond to complaints about ACEP Members. Should the EQCS be attending to an issue when a query or complaint is received, the Chair will convene a second ad hoc EQCS comprised of three of the remaining four members of the Ethics Committee. The Ethics Committee is not in a position to respond to complaints concerning practitioners who are not ACEP Members.

ACEP also maintains a Harmony Committee of three members appointed by the Board to mediate conflicts among colleagues within ACEP. In cases of complaints concerning collegial interactions, the Chair of the EQCS may refer the complaint to the Harmony Committee.

All complaints and queries received by ACEP or by the Ethics Committee will be forwarded to the EQCS.

**Queries** should be addressed in writing and mailed by certified or international registered mail, to the ACEP Ethics Committee. Queries will be considered by at least two members

of the EQCS prior to responding. Response will be within 30 days. Members of the EQCS who are considering an issue may consult other ACEP members, and may even consult outside ACEP; however, the identity of the ACEP member who submitted the query is to be kept confidential. When responding to complex issues, the EQCS may include in its initial response a statement of delay, with an explanation for the delay. A further response must be produced by the EQCS no longer than 30 days following this initial response.

**Complaints by practitioners about practitioners and by trainers about students** should be in writing, mailed by certified or international registered mail, and should document at least one attempt to resolve the issue prior to approaching the ethics committee. The person who is writing the complaint is required to send a copy of the e-mail to the person who is named in the complaint, and the copying to that person must be noted in the letter of complaint. Practitioners should understand that this process is meant to be used for serious offenses; if the members of the EQCS deem a complaint to be trivial, they will so inform the complainant. An ACEP member who submits several trivial complaints will be instructed by the EQCS in the nature of a serious complaint.

**An Energy Practitioner who observes that a colleague is acting in an unethical manner** is responsible for confronting that colleague and inviting the desired behavior. Failing resolution, the colleague's behavior, including the failure to change, should be reported to the ACEP Ethics Committee, following the guidelines described above.

**Complaints by students about teachers and by clients/patients about practitioners** should be submitted to the Ethics Committee in writing, mailed by certified or international registered mail.

**Investigation and resolution procedures:** Complaints will be assessed by the EQCS as to their appropriateness for action by the EQCS. Appropriateness includes such considerations as whether the complaint concerns ethics, and whether it involves an ACEP member. If the EQCS deems the complaint appropriate for action to be taken it will alert the Board of Directors and appoint a member of the EQCS to investigate the complaint. At this time, if the complaint is a collegial one (one in which there is no power differential between or among the parties), the investigator may choose to refer the complaint to the Harmony Committee for mediation. If the Harmony Committee cannot bring the matter to resolution then it is referred back to the EQCS. In the process of dealing with any collegial complaint, even if the EQCS investigator initially decides against referring to the Harmony Committee, s/he can refer throughout the process if it appears that the situation is amenable to mediation.

When the EQCS investigator has decided to proceed with the ethics complaint process rather than referring to the Harmony Committee, the investigator is then responsible for:

1. Informing the ACEP member to whom the complaint applies, by certified mail, of the nature of the complaint and the process to be followed;
2. Informing the complainant of the process to be followed;

3. Acquiring written consent from the complainant to review her/his record of treatment with the ACEP member;
4. Gathering information from both the complainant and the ACEP member;
5. As needed, recommending that the client seek support through the process of resolving the complaint, in situations that could be expected to result in grievous harm to the client. In such situations, if the client legitimately cannot afford to pay for such support, the investigator may recommend that the EQCS seek another ACEP member to provide low cost or pro bono services; if no such services can be acquired, the investigator may ask ACEP to fund such services.

During this information-gathering phase of the process, the investigator should seek resolution of the issue if it is a resolvable issue. In this context, resolvable means that the parties involved can come to some sort of agreement without the EQCS taking responsibility for further education of the offending party. Issues that are not resolvable include those that would be expected to result in significant harm to the client, such as exploitation of any sort. If resolution is reached, it is reported to the EQCS for their approval.

If the issue is not resolvable, or if no resolution is reached, the investigator reports the results of her/his investigation to the EQCS with one or more recommendations for action. The EQCS will consider the recommendation and take action. Actions recommended and taken should be, as much as possible, of an educative nature. The EQCS may be creative in its recommendation of action that fits the situation under review. Actions may include, but are not limited to, supervision, training, and limiting the privileges of ACEP membership. When a decision has been reached, it is the responsibility of the Chair of the EQCS to send this information to the ACEP member by certified mail.

In some instances the EQCS may decide that more information is required before deciding on any action. In these cases the investigator or an alternate will be charged with gathering the requested information.

**Appeals:** Should the ACEP member disagree with the conclusions and chosen action of the EQCS, s/he may appeal to the Ethics Committee as a whole. The appeal may include alternate recommended actions. Appeals must be initiated within 30 days of the decision regarding action being sent to the ACEP member. The member may initiate the appeal by notifying the Chair of the EQCS in writing of her/his wish to appeal. Appeals letters should be sent by certified or international registered mail. Should an appeal be initiated, the Chair of the EQCS is responsible for immediately notifying the Chair of the Ethics Committee of the appeal. The appeal will be considered by an Ad-hoc Ethics Appeal Committee comprising three members of the Ethics Committee who do not currently serve on the EQCS, each of whom will receive all the information collected by the investigator and all other documentation, including all mail (both e-mail and regular post) from all interested parties. The decision of the Ad-hoc Ethics Appeal Committee will be communicated to the ACEP member through certified mail, and to the EQCS.

Should the ACEP member disagree with the conclusions and chosen action of the ad-hoc Ethics Appeals Committee, s/he may appeal to the ACEP Board of Directors. Appeals must be initiated within 30 days of the decision regarding action being sent to the ACEP member. The member may initiate the appeal by notifying the Chair of the Ethics Committee of his/her wish to appeal. Should this occur, it is the responsibility of the Chair of the Ethics Committee to notify immediately the President of ACEP of the appeal. The appeal will be considered by a Second Appeal Ad-hoc Committee comprising the President, the Director of Task Forces and Committees, and at least three and up to all other Board members as designated by the President and the Director of Task Forces and Committees. In the event of a disagreement concerning the constitution of the Second Appeal ad-hoc committee, the President's decision will be final. Each member of this Second Appeal Ad-hoc Committee will receive all relevant documentation, including all e-mail and regular mail. During this process, the President or her/his designate may access confidential consultation within or outside ACEP, including legal consultation. The decision of the Second Appeal Ad-hoc Committee is final.

In rare and gravely serious circumstances, the Second Appeal Ad-hoc Committee may require a hearing, in which the ACEP member, a designated subgroup of the Second Appeal Ad-hoc Committee and one representative of each of the EQCS and the Ad-hoc Ethics Appeal Committee must be present. Such a hearing will be scheduled when all that must be present can attend, either at an ACEP-sponsored conference or in some other manner. As far as possible, the hearing should be scheduled at the convenience of all. If it is convenient to the Second Appeal Ad-hoc Committee, the hearing may be scheduled at a conference in or near the region of the ACEP member. All who must attend should be given 60 days' notice. Should the ACEP member fail to attend the hearing, the Second Appeal process is ended, with the decision of the Ad-hoc Ethics Appeal Committee becoming final. The hearing will be structured by the Second Appeal Ad-hoc Committee, to include a designated time for each party to be heard. No party other than the Second Appeal Ad-hoc Committee may require a hearing.

All members of the EQCS, the Ethics Committee, and the Board of Directors, and any other member or employee of ACEP who may receive information concerning an ethics query or complaint are responsible for maintaining absolute confidentiality concerning all aspects of the complaint.

**APPENDIX A**

**CONSENT TO PARTICIPATE IN AN ENERGY PSYCHOLOGY  
DEMONSTRATION**

**(adapted from a document by Jim Lane, Ph.D.)**

I hereby agree to participate as a subject in a demonstration of novel psychotherapy techniques. These techniques may include therapies from Energy Psychology, Eye Movement Desensitization and Reprocessing, and Hypnotherapy.

I understand that any issue that I work on for demonstration purposes may bring up distressing feelings, images, thoughts and behaviors. Some of these distressing experiences may persist or resurface at a later time. I agree to involve myself in psychotherapy if I find that these distressing aspects create a danger for myself or for others.

I also agree that this session be audiotaped and /or videotaped. I understand that I have a right to keep my identity confidential and/or to discuss my issue in a general way for purposes of privacy. I understand that this tape may be distributed for educational purposes and I relinquish any claim to monetary or other remuneration for my participation in this demonstration.

Signed Date \_\_\_\_\_

Witnessed Date \_\_\_\_\_