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Abstract

Many counselors are advertising and using techniques that have not been shown to be safe and effective. Clients may be harmed by such techniques, may waste their resources on them, and/or delay seeking more effective counseling. In addition, the credibility of the profession of counseling is harmed when questionable techniques are used before they have been properly tested. A review of some representative examples of how experimental approaches are advertised shows the extent of the problem. Some counselors make exaggerated and unjustified claims for experimental techniques, and some professional counseling organizations sponsor training in questionable therapies. Research should be conducted on new therapeutic approaches, but the use of such techniques should be limited to research settings until they are shown to be safe and effective.
Experimental Psychological Techniques: Professional and Ethical Issues

Many experimental psychotherapeutic techniques are promoted as being almost miraculous in their effectiveness. Some counselors have abandoned the more traditional, well-researched psychotherapies such as behavior therapy, cognitive therapy, cognitive behavior therapy, interpersonal therapy, and others in their pursuit of useful methods. New ideas and approaches seem to have some appeal simply because they are new. It is an open question as to whether or not most of the new techniques actually work. The purpose of this article is to raise some concerns about the many new approaches that are promoted without adequate evidence that they are safe and effective.

There has always been a gap between research and practice in counseling and psychotherapy. Practitioners are highly motivated to be helpful with every client, and they are naturally interested in any new approaches that may have potential. Ideally, counselors would use the research literature on counseling to guide treatment selection for clients. Presumably counselors know that therapeutic techniques that have only anecdotal reports or a few testimonials to support them should be avoided. Of course, new techniques should be studied and researched, so that if they prove to be effective they can take their rightful place in the counselor's armamentarium. Until such support is available, however, a reading of the ethical codes and professional standards suggests that it may be unethical to use unproven techniques with clients, or to make exaggerated claims for their effectiveness.

A review of some examples of new approaches may illustrate the problems inherent in the use of untested psychotherapeutic techniques. Certified and licensed professionals receive many brochures and advertisements for workshops on new
therapies. For example, a recent advertisement for a workshop promised to teach "energy psychology" techniques that "completely free yourself (and others) of all trauma symptoms and reactions" (ACEP, 2004, p. 5). Another brochure for a workshop on "Neuro-physics, quantum biology, and Neuro-Linguistic Programming" promised to reveal a "secret" process that is "quick, effective, and easy to use" (James, 2002, p. 1). A of a Flagstaff counselor offers a combined massage and counseling session to counteract depression and says one session is worth 100 trips to a psychotherapist. A recent flyer for some workshops co-sponsored by the Arizona Counseling Association promoted a workshop on "magic" techniques that can "change a client's perspective quickly" (AzCA, 2003, n.p.); the "magic" techniques are Neuro-Linguistic Programming and Thought Field Therapy.

Neuro-Linguistic Programming (NLP) is one of the oldest of the experimental psychotherapeutic approaches. The term NLP was coined in 1976; NLP was "specifically created in order to allow us to do magic by creating new ways of understanding how verbal and non-verbal communication affects the human brain" (NLP, 2004, p. 1). NLP promoters are forthright about the lack of research evidence for the approach. One NLP trainer said "research on NLP is in its infancy" and "there is scant research data currently available to support it" (Bolstad, 2003, page 1). After reviewing the few studies available, he summarized that "none of the above studies are large enough to constitute scientific 'proof' " (p. 5). This is a remarkable admission, considering that NLP has been around for 28 years. The NLP FAQ website (2004) states that "few studies have been done on particular aspects of NLP with mixed results" (n.p.). An NLP Institute web site (2004) says "The history of research in NLP is pretty ugly in terms of the
quality, organization, competence and intentions of those doing it . . . . Some research says NLP is totally wonderful, some says it's totally fake, some is so off-the-wall you can't tell what it says" (n.p.). The candor of these NLP advocates is admirable, but one is left wondering why they would spend their time on an approach with so little support.

NLP emphasizes the importance of client eye movements, and many of the newer therapeutic techniques are also built on the idea that directing clients' eye movements can relieve psychological distress. The significance of eye movements for therapeutic change has not been demonstrated, but that has not prevented the proliferation of such techniques, complete with books, videos, training institutes, certifications, and products for sale. Some of these approaches are bizarre. The FAQ for the Rapid Eye Institute says that in this approach the therapist directs the client's eyes to move rapidly in all the NLP modalities. The developer states that this technique "came from a vision," and is based on spiritual principles, such as that "we are all perfect beings" (Rapid Eye Institute, 2004, n.p.). The process is said to "release all trauma" by "creating a vacuum of space in front of the client's eyes . . . moving the molecules for the release of energy and energetically connecting the pineal gland and the pituitary gland" (n.p.). No documentation for the validity of the approach is mentioned.

Probably the most well known eye-movement therapy is Eye Movement Desensitization and Reprocessing (EMDR), invented by Francine Shapiro (1995). In essence, the technique involves waving fingers in front of the client's eyes while the client imagines traumatic scenes. In almost every case where researchers have assigned clients to EMDR or standard imagery treatment without eye movements, the eye movements have provided no additional treatment effect (Lohr, 1995; Pitman, 1996).
Apparently Shapiro simply added finger waving to existing elements of cognitive-behavior therapy and began teaching the new technique. When studies showed that eye movements play little or no role in therapy outcome, Shapiro admitted that eye movements are not essential to EMDR (EMDR, 2001). Shapiro has also conceded that "the research that has compared EMDR with simple exposure methods has typically found equivalent effects" (quoted in Lebow, 2003, p. 80). Other research found that removing the reprocessing component from EMDR had no effect on the outcome of treatment. Since the research says you can take the EM and the R out of EMDR, all that is left is D (desensitization), the same treatment that psychologists have practiced for over 30 years (Herbert, Scott, Lillienfield, Lohr, Montgomery, O'Donohue, Rosen, & Tolin, 2000). Selling traditional techniques (with an added, inactive ingredient) in a new package with a new name can be quite lucrative. It was estimated that Shapiro and her trainers made at least seven million dollars prior to 1997 by teaching workshops (Rosen & Lohr, 2002); by now the income from selling EMDR must exceed 20 million dollars.

Several of the new therapies are based on applied kinesiology (muscle testing), which claims that dysfunctions are accompanied by weakness in specific muscles. A physician who reviewed the literature concluded that "The concepts of applied kinesiology do not conform to scientific facts about the causes or treatment of disease. Controlled studies have found no difference between the results with test substances and with placebos" (Barrett, 2004, p. 3). No reputable scientific journal has published a paper supporting the validity of this approach (Carroll, 2004, p. 1). The lack of support for its validity has not prevented hundreds of therapists from offering counseling based, at least in part, on this approach, including many in Arizona.
A Scottsdale practitioner advertised a therapy called Holographic Repatterning (HR), which utilizes applied kinesiology to achieve "emotional balance, clear thinking, and whatever you want" (HR, 2001, n.p.). Another HR therapist notes on her website: "There's no way for me to attempt to explain this stuff without getting into a whole lot of 'unproven' explanations, my own personal ideas, theories, and stories from my experiences with the technique that are totally without scientific basis." Unfortunately, her recognition that her approach is totally "without scientific basis" does not affect her decision to offer HR counseling services for a fee.

The creator of Holographic Repatterning is not a counselor or psychologist, but rather a specialist in English literature. Like many of the developers and practitioners of new untested psychotherapies, she does not claim to have any professional education, qualifications or licenses (HRA, 2004). Yet she markets her counseling services to people with severe emotional problems. However, not all promoters of untested therapies are totally without a background in psychology.

Thought Field Therapy (TFT) is one of the more controversial of the experimental therapies developed by a psychologist. This approach uses tapping on acupuncture points to relieve emotional distress, and is said to work in only minutes (Callahan & Pignotti, 2001). The tapping may be paired with visualizations or humming a tune. Callahan claims an 85% success rate and treats adults, infants, and even animals. He also treats clients over the telephone using "Voice Technology." He claims that by analyzing the client's voice, he can determine which acupressure points the client should tap (Callahan, 2004). According to Seligman (2001), TFT "has not yet received strong empirical support" (p. 396), and "TFT must be considered a highly experimental procedure."
Research has not substantiated its value" (p. 397). A Harvard psychologist said that at first he "wondered whether TFT was a hoax" (p. 1171), and after he investigated it he concluded that "Lacking any credible theory or convincing data, TFT therapists nevertheless continue to tell their patients how to tap and hum their troubles away" (McNally, 2001, p. 1173).

Callahan charges $100,000 for his three-day Voice Technology Training. For three eight-hour days, this amounts to a rate of over $4,000 per hour, which is a little more than a dollar per second, and enough people have already taken the training to make Callahan a millionaire (Callahan, 2004). One trainee who regrets spending the $100,000 for the training (Craig, 2004) said that the technique Callahan teaches is no more accurate than muscle testing (which has no validity at all), and that the "secret" taught in the training is in the public domain, and can be learned easily without Callahan's workshop. Because Callahan requires trainees to sign secrecy agreements, Craig cannot reveal what the "secret" technique actually is.

Dr. Frank Patton (2002, p. 1) proclaimed that "suffering is no longer necessary," that "the office visit is ancient history," and that Thought Field Therapy "is quickly becoming the treatment of choice for almost all psychological problems." He claims a success rate over 90%, and charges $400 per hour, although he recommends a five-hour package. Once again, there is no mention of any research that validates the therapy. Another Thought Field Therapist said she used the technique to cure her dog of the fear of heights (Gaudiano & Herbert, 2000).

The Arizona Board of Psychologist Examiners sanctioned an Arizona psychologist and Thought Field Therapist "for purporting to deliver psychological
services for a fee that did not constitute psychology by current standards, for making
claims without empirical basis that the practice is superior to all other forms of treatment,
for not maintaining adequate records, and for refusing to provide relevant data and
information to the board" (APA, 1999a, n.p.). The American Psychological Association
has determined that "instruction in Thought Field Therapy (TFT) does not meet its
definition of appropriate continuing education curriculum for psychologists" (APA,
1999b, n.p.). Presumably TFT is not an appropriate subject for training because it has
not established its validity, effectiveness, or safety.

Numerous people have taken some training in NLP, TFT, or a similar approach
and then changed the model a little, apparently to avoid legal problems when they teach
their new version. Fred Gallo, Ph.D. is a psychologist who specializes in Energy
Diagnostic and Treatment Methods (EDxTM). He claims that EDxTM is a "power tool"
that provides the rapid alleviation of psychological disturbances through the use of
muscle testing and verbal and tactile treatments similar to acupressure (Gallo, 2003, n.p.).
The web site for this "tapping" therapy promises that "this method will significantly
enhance your effectiveness" though there is no reference to any research that supports
this claim (EDxTM, 2004, n.p.). The training program covers "neurologic
disorganization basics, emotional neurovasculars, life energy analysis . . . energy toxins
. . . and the healing energy light process" (n.p.). Graduates of his training program are
encouraged to treat clients over the telephone. One tapping therapist admits that
"therapists using power therapies that have been subjected to minimal research are
showing little concern about liability that may stem from using unproven systems"
(PsychInnovations, 2004, n.p.).
An advertisement for Emotional Freedom Techniques (EFT) claims that it "often works where nothing else will" (EFT, 2003, n.p.) and works for everything from trauma, depression, and addiction to headaches. EFT is described as "a kind of acupressure for emotional problems" and "requires only sequential tapping, by the client, on the meridian points to clear the thought field of negative thoughts and feelings" (n.p.). The developer of EFT, Gary Craig, an engineer, notes in the fine print on his web site that he "is not a licensed health professional and offers EFT as an ordained minister" (Craig, 2004, n.p.).

An Arizona certified counselor who offers EFT says it does not require diagnosis, and also states definitively that EFT's results are not due to placebo effects. This implies that EFT has been compared to a placebo treatment in a controlled research study, but a literature search reveals that no such research has been published. This counselor promises that the energy therapies "remove cognitive and emotional blocks to well-being quickly and permanently" although there is no mention of any follow-up with clients beyond six months. EFT is said to be effective for "dyslexia, attention deficit disorder, severe anxiety, addictions, and brain damage . . . . try it on everything!"

EMDR, TFT, and EFT are often called "Power Therapies" to imply that they are powerful, even though their "power" has not been demonstrated. Power therapies are said to "provide rapid, effective, and permanent relief from most psychological problems," and EFT is said to be "the only procedure necessary to treat all negative emotions, trauma, and pain" (Arenson, 2004, n.p.).

Sometimes professional counseling organizations facilitate the proliferation of experimental techniques. The editor-in-chief of the newsletter of the American Counseling Association, Counseling Today, has written favorable articles on unsupported
therapies. One article (Pennington, 2003) described a psychotherapy system called Healing From the Body Level Up (HBLU), developed by Judith Swack, Ph.D. According to the article, Swack has used HBLU for ten years "to help clients clear chronic pain, eliminate suicidal tendencies and/or addictions, transform negative personality traits and heal from violence, abuse and neglect" (p. 5). According to her vita, which is available on her website (HBLU, 2003) Swack has a Ph.D. in biochemistry but no academic education or degrees in psychology, counseling, or any related field. Apparently her only experience with psychology comes from attending workshops open to the general public. She cites no research that supports her approach, and yet she uses her "psychotherapy system" to treat everything from trauma to spina bifida and cancer, and even claims that HBLU "extends life span on serious illnesses" (HBLU, 2003, n.p.).

The Arizona Counseling Association has co-sponsored several "energy psychology" training workshops, thus implying that such experimental approaches are reputable, have established their validity, and are ready to be used by counselors. The workshop descriptions mention "muscle testing," "tapping procedures," "eye movement techniques," and "healing energy leaks" (AEPW, 2000, n.p.).

Satel (2000) described a movement in nursing that promotes using supernatural forces to regulate blood pressure, heart rate and the flow of substances such as insulin. Presumably those who believe in paranormal healing think it will result in great savings for the health care system. Some counselors appear to think that calling on supernatural forces and manipulating hypothetical "energies" should become a part of standard counseling practice. At present these approaches must be considered experimental and are not within the scope of practice of counselors and psychologists.
Books such as *Crazy Therapies* (Singer & Lalich, 1996) describe a wide variety of pseudotherapies being sold to the public, including rebirthing, past-life therapy, alien abduction therapy, NLP and EMDR. Experimental therapies raise many ethical and professional issues. State licensed practitioners are subject to state laws and regulations, and members of the ACA and the APA are subject to those organizations' ethical codes. One would assume that these practitioners would refrain from using unsupported therapies. However, many of the practitioners of new therapies are not certified or licensed counselors or psychologists, and many have no qualifications at all for providing mental health services to the public. So-called "new age" publications and directories are full of advertisements for counseling services for mental health problems that are provided by people who are not certified or licensed counselors (e.g., Whole Life Publishing, 2004).

Perhaps it would be useful to distinguish among three categories of psychotherapeutic approaches. Some therapies have a lot of research support, some have a fair amount of support, and some have little or no support. It would seem logical that counselors and therapists should rely mainly on the approaches that have the most research support. Several guides to empirically supported treatments are available (Barlow, 2001; Nathan & Gorman, 2002; Lynn, Lilienfeld, & Lohr, 2002; Task Force, 1995). In addition, there are lists of therapies with the most research support (Chambliss, Baker, Baucom, Beutler, Calhoun, Crits-Cristoph, Daluto, DeRubeis, Detweller, Haaga, Johnson, McCurry, Mueser, Pope, Sanderson, Shoham, Stickle, Williams, & Woody, 1998) and lists of manuals for conducting empirically supported treatments (Woody & Sanderson, 1998). These lists are also available on the internet (EST Document Archive,
Counselors should use approaches that have less support cautiously, and only if the more tried-and-true approaches have been attempted and found lacking. Approaches that have little or no research support (like those described in this article) should not be used with paying clients, unless and until it is shown that they are safe and effective.

Some experimental therapies have actually caused deaths. Colorado was the first state to ban rebirthing therapy after a 10-year-old girl died during treatment for reactive attachment disorder (Thomas, 2001). The girl's parents paid two therapists $7,000 for the "therapy," during which the girl was wrapped in a sheet and pressed with cushions for 70 minutes until she choked on her own vomit and suffocated. The therapists were found guilty of reckless child abuse (Mercer, Sarner, & Rosa, 2003). Rebirthing is still readily available in Arizona and other states, and appears to be unregulated. For example, an Arizona "hypnotherapist" who treats people for a wide variety of psychological problems offers rebirthing for $1,000, as well as Past Life Therapy, Reiki/Massage, Tantric Breathwork, Energy Tapping, Muscle Testing, Astrology, NLP, and nutrition counseling (Mann, 2004). As with many forms of "alternative" healing, new age counselors seem to sidestep legal regulations regarding the practice of counseling and psychotherapy.

The Code of Ethics of the American Medical Association clearly states that professionals should use scientifically based treatments. Section 3.01 says that "It is unethical to engage in or abet treatment which has no scientific basis and is dangerous, is calculated to deceive the patient by giving false hope, or which may cause the patient to delay in seeking proper care" (American Medical Association, 2003, n.p.).

There are several principles in the American Counseling Association Code of Ethics and Standards of Practice (1997) that are relevant to the practice of experimental
techniques. For example, "Counselors inform clients of the purposes, goals, techniques, procedures, limitations, potential risks and benefits of services to be performed" (A.3.a.). "Counselors ensure . . . that advertisements . . . are accurate and disclose adequate information for consumers to make informed choices" (C.3.e.). Counselors "take reasonable precautions to ensure that statements are based on appropriate professional counseling literature and practice" (C.5.d.). "Counselors . . . provide thorough discussions of the limitations of their data and alternative hypotheses" (G.3.b.).

The American Psychological Association Guidelines and Principles for Accreditation of Programs in Professional Psychology (APA, 2002) state that "recognizing the value of science for the practice of psychology requires attention to the empirical basis for all methods involved in psychological practice" (II.B.3.). "Psychological practice is based on the science of psychology" (III. B.1.a.). Practicum settings should "provide a wide range of training and educational experiences through applications of empirically supported intervention procedures" (III.B.4.a.,b.).

Counselors should study, research, and then use new psychotherapeutic techniques after they have been proven to be safe and effective, but counselors have no right to subject clients to experimental treatments without their informed consent. Counselors who wish to research new approaches should compensate the clients who agree to be the research participants. Counselors should certainly not charge clients for engaging in counseling that is based on unproven experimental techniques. Professional counseling associations should not sponsor training workshops on questionable therapies unless it is made clear that the therapies are considered experimental, and are not proven safe and effective for use with clients.
Counselors and psychologists should do their utmost to utilize the therapies that have the most research support before using new techniques that may or may not work. Counselors do not have to reinvent the wheel; traditional counseling methods are effective with most clients. Counselors should use the tried and true methods, and add new techniques only if and when they prove their worth. Clients deserve nothing less.
References


