

Integrating holistic approaches

Sukhi Sian contemplates the ethics of working with alternative therapies

At SV2 – Supporting Victims of Sexual Violence,¹ formerly known as Derbyshire Rape Crisis, we recognise that a more inclusive approach is needed to meet the diverse needs of service users.

The organisation supports survivors of sexual violence of any age or gender, at any point in their life regardless of whether the sexual violence is historical or recent. SV2 works with survivors to inform, support, protect and empower them. We strive to promote client choice and autonomy. Services include crisis work, forensic medical examinations, advice, psychoeducational support groups, court support and therapy.

The pandemic has acted as a catalyst for change, enabling us to pilot two holistic therapies within the service. In preparation for a potential surge of post-lockdown referrals, funders and commissioners agreed that some counselling funding can be used for holistic therapies: *reiki*² and trauma centre trauma-sensitive yoga (TCTS³).

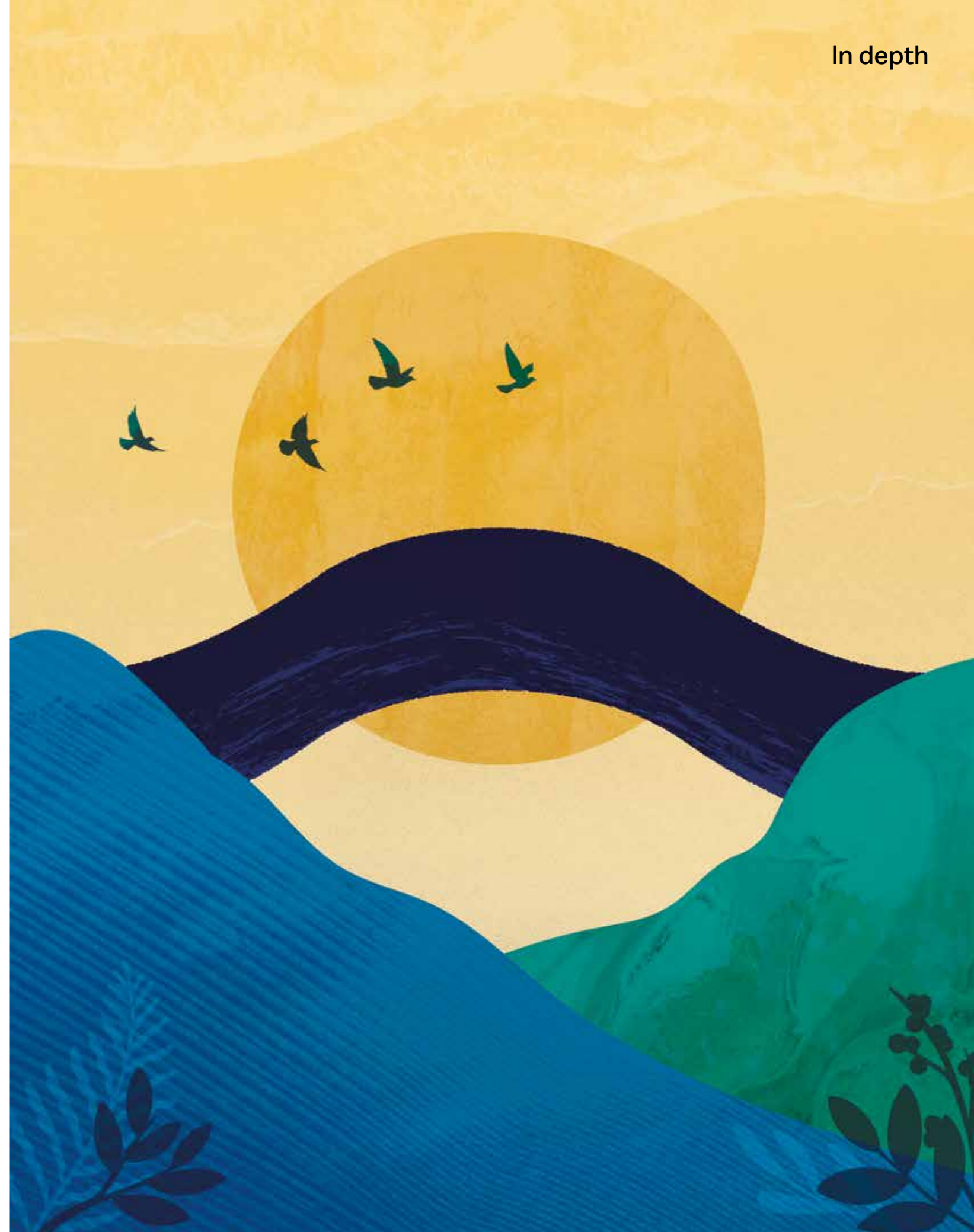
We set this up on the basis that some carefully chosen alternative therapies can act as a bridge to counselling

or serve as a form of ‘pre-therapy’, preparing clients for a talking therapy (should they choose this), or they may even act as an alternative to healing. As SV2’s head of therapy, it has been important for me to consider how to introduce complementary therapies safely and ethically. BACP’s *Ethical Framework for the counselling professions*⁴ is always at the forefront of my mind, to ensure professional standards are met.

Having originally trained as a psychodynamic counsellor 15 years ago, and more recently as a holistic therapist (something I reflected upon in a *Thresholds* article last year⁵), this naturally led me to explore the possibility of integrating counselling and holistic therapies within private practice and how to do this ethically and professionally.

Energy-based healing

In this article, the terms ‘holistic therapies’, ‘complementary therapies’ and ‘alternative therapies’ have been used interchangeably. The National Health Service refers to complementary and alternative medicine (CAMs)⁶ as those treatments that fall outside mainstream healthcare, and states that a definition for CAMs has not been universally agreed. It refers to the



US National Centre for Complementary and Integrative Health (NCCIH) to distinguish between 'alternative' and 'complementary'. The NHS website explains that '...when a non-mainstream practice is used with conventional medicine, it's considered "complementary"' and '...when a non-mainstream practice is used instead of conventional medicine, it's considered "alternative"'.⁶ There is a range of non-mainstream practices recognised by the Federation of Holistic Therapies⁷ including aromatherapy, craniosacral therapy, crystal therapy, kinesiology, reflexology, *reiki* and yoga. Most of these practices are energy-based healing approaches and refer to the *chakra* system. A *chakra*⁸ is a Sanskrit word meaning a wheel, vortex or portal between the physical body and the energy body. 'They are intimately connected to our physical health, as each is linked with specific parts of the body and to systems within the body.'⁹

Trauma and emotions often manifest in the body as psychosomatic symptoms. Research in this area is a growing field, with popular texts by Peter Levine,¹⁰ Babette Rothschild¹¹ and Bessel van der Kolk.¹² Staff within SV2 have found Carolyn Spring's¹³ work a helpful addition to their continuing professional development. It has been accessible online throughout the pandemic and includes topics such as trauma and the body. While research is growing, it would be useful to hear more research from clients' perspectives. Piloting holistic therapies at SV2 will give us the opportunity to explore the impact such therapies can have on releasing and healing trauma and we will consider an organic evaluation process to explore this. Providing clients with optional self-help tools to help them to continue making mind and body connections is important and an empowering process. I find the work of Louise Hay¹⁴ a helpful and relatable resource for clients who wish

to further explore how physical ailments and 'disease' could be connected to their psyche: mind and emotions and an indication of some sort of 'dis-ease'.^{15,16}

Training in *reiki*¹⁷ and crystal healing gave me first-hand personal experience of releasing emotions through unblocking stagnant energy in the *chakras*. In many alternative therapies, these seven points in the body are understood to be '...an essential part of our body's energy system'.¹⁰ I feel that knowledge and awareness of the *chakras* can be a helpful tool for counsellors because they focus on the mind and body: psyche and soma.¹⁸ To me, it feels like the missing part of the jigsaw in helping the 'whole' person.

Here, I will reflect upon some of the ethical considerations we took when developing two referral pathways for:

- 1 Trauma centre trauma-sensitive yoga (TCTS) – a funded block of four online sessions.
- 2 *Reiki* healing – two funded sessions, the second one being a four to six-weeks' follow-up session.

These referral pathways have provided clients with the opportunity to try alternative therapies as 'taster sessions', which they can self-fund should they be interested in continuing.

Ethical considerations:

Competence in providing complementary therapies that satisfy professional standards

When setting up referral pathways, which is a direct route for clients to access specific services, we had to feel satisfied with professional standards. This can be a minefield if you are not familiar with complementary therapies, because qualifications vary and some are not regulated. CNHC (Complementary and Natural Health Care Council)¹⁹ has been set up by the Government and sets professional standards for professional associations for alternative therapies. Even though someone is qualified in a certain complementary therapy, if we are signposting to them, it is important to feel satisfied with the professional standard of the practitioner.

When setting up the TCTS pathway, my colleague and I met with Laura Penn Roffey, the yoga facilitator,²⁰ to ensure that the service was of a professional standard. Laura works to the professional standards set out by the Centre for Trauma and Embodiment²³ in the US.

Facilitators must complete an assessed video each year and continuing professional development work in up-to-date trauma-related topics. They also receive monthly peer supervision.

Laura explained some of the key points to consider when introducing TCTS. These are also set out in a 2019 *Thresholds* article by Lorna Evans,²¹ and include client autonomy, control and choice over participation (including the right to change one's mind). The wording and tone of voice used by the TSY facilitator are also important to consider. Metaphorical language can potentially be triggering or dissociative.²¹

Laura provides clients with a pre-questionnaire, which helps to indicate readiness for TCTS. It is sometimes the case that talking therapy is more suitable for emotional regulation.¹¹ TCTS is a hatha-based yoga practice, and although its overall effect can be helpful, it is '...not shown to be effective for people in crisis', for those who have been hospitalised for trauma-related issues within the last six months, or for those who have had a trauma crisis, including self-harm or a suicide attempt, in the last three months.²⁰

At the start of the sessions, Laura explains to the client that participating in TCTS is their choice, they can do as much or as little as they are comfortable with and can choose to no longer attend sessions at any time. This is really important for survivors, who might find it hard to voice that they have changed their mind. Clients accessing TCTS online are given the choice to turn their video off if they want to.

Dual roles (Good Practice, point 33, BACP's Ethical Framework)

To avoid any blur in role boundaries when setting up the second referral pathway for *reiki* at SV2, we took into account the ethical considerations around dual roles, ensuring that '...any dual or multiple relationships will be avoided where the risks of harm to the client outweigh any benefits to the client' (EF, 33b).⁴ Survivors of sexual violence have had many of their boundaries exploited. To avoid a further blur in boundaries, it was considered best practice for our subcontracted therapists to keep counselling and *reiki* separate.

It has also been important to actively consider the potential power imbalance between client and therapist at every stage of the process. We address this during the initial referral and assessment. Clients can opt in to express an interest in alternative therapies. If the client books a *reiki* session, their written consent is gained to proceed with the treatment once it has been explained to them. They are reminded that they can change their mind at any time during the session. This is an ongoing dialogue followed by a debrief of their experience after the session and any further support required. Clients are given the option to book a follow-up session in four to six-weeks' time; again, they can change their mind and cancel. As a therapist in private practice, it is important to be aware of power dynamics between

therapist and client, when integrating therapies. If clients ask me questions about *reiki* or *chakras*, I am happy to explain and they may also opt to do their own research before making an informed decision. We explored this at a recent meeting of the East Midlands BACP Spirituality network meeting, where we were joined by counsellors who were also holistic therapists. Some had never considered it an option to integrate therapies and had attended the meeting as they were interested in looking into this option. Some practitioners managed dual roles by having separate websites for each of the practices. Members at the meeting recognised the importance of considering contracting, client consent and client need, when integrating services. According to the *Ethical Framework*, these boundaries need to be '...consistent with the aims of working together and beneficial to the client' (EF, 33a).⁴

Throughout this, it is important to keep your client's needs at the forefront and to always ask yourself the question: 'Whose agenda is at play?'

Contracting (Good Practice, point 31, BACP's Ethical Framework)

It is important to ensure that the client-therapist contract is relevant to both therapies. This will include adapting contracts to cover counselling and holistic therapies. For example, if a client, who initially accesses counselling, plans and arranges a subsequent session to integrate *reiki*, this would be planned ahead with the client and explored with my supervisor. Although there is a written contract in place, we would also make a verbal contract, which includes specific details, for example, agreeing that the first 20 minutes would be *reiki*, followed by a 50-minute counselling session, but emphasising this is not set in stone, in case they change their mind on the day. It is important to recontract when there are changes or adaptations to the original contract. The *Ethical Framework* refers to '...reaching an agreement or contract that takes account of each client's expressed needs and choices so far as possible,' (EF, 31a).⁴ Similarly, where the therapies are consecutive and not integrated, ie accessing crystal healing after counselling comes to an end, recontracting will need to take place. The *Ethical Framework* requires '...keeping a record of what has been agreed and of any changes or

clarifications when they occur.' (EF, 31e).⁴ It is important as a therapist to be mindful of accountability when contracting within the therapeutic relationship, in accordance with the Professional Conduct procedure to the *Ethical Framework* (EF, 49).

Client consent and making informed decisions (Good Practice, points 30–31, BACP's *Ethical Framework*)

It is important that the client has been clearly informed and provided with relevant information in advance around the different services. This is set out in the

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Ethical Framework: 'We will usually provide clients with the information they ought to know in advance in order to make an informed decision about the services they want to receive, how these services will be delivered and how information or data about them will be protected.' (EF, 30).⁴

Client needs

Throughout this, it is important to keep your client's needs at the forefront and to always ask yourself the question: 'Whose agenda is at play?'. During the East Midlands BACP Spirituality network meeting discussion about the ethics, we explored this and recognised the importance of distinguishing between our own curiosity or passion to combine therapies and the client's needs.

Self-awareness plays a key role here, combined with effective supervision, which provides '...practitioners with regular and ongoing opportunities to reflect in depth about all aspects of their practice in order to work

as effectively, safely and ethically as possible' (EF, 60).⁴ Supervision can provide a space in which therapists can explore the intention behind their integrated therapeutic work, and eliminate aspects associated to their own agenda, always keeping the best interest of the client at the centre of their therapeutic work.

Biography



Sukhi Sian is a BACP accredited counsellor, clinical supervisor, *reiki* master therapist and numerologist. She currently works as head of therapy at SV2 – Supporting Victims of Sexual Violence. Originally trained in psychodynamic counselling, Sukhi is developing a holistic and spiritually integrated practice and recently joined the BACP Spirituality division Executive.

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