

# PROFESSIONAL ISSUES

## Ethical Issues in Breathing and Yoga Treatment Techniques

Sebastian "Seb" Striefel, PhD

Department of Psychology, Utah State University, Logan, UT

Keywords: ethical principles, clinical improvement, breath training, yoga

*Breathing is such an integral part of daily life that it is often taken for granted. Yet we know that there is a clear difference between the involuntary breathing that keeps people alive and the impact of voluntary or controlled breathing that is practiced to improve health and/or daily functioning of the body and mind. Both breathing and yoga are taught and/or used by groups for general health and as specific treatment techniques taught to clients with clinical complaints and/or disorders. Practitioners need to deal appropriately with a wide variety of issues and details if treatment is to be successful. Required components of successful treatment include measuring progress, programming for maintenance and generalization of skills acquired during treatment, being competent, obtaining ongoing informed consent, knowing when to seek consultation and/or supervision, making referrals elsewhere when and where appropriate to the client's interests, working with the client's physician as appropriate, and, in general, dealing with all other relevant details in an ethical and professional manner.*

### Introduction

Some approaches to life and its day-to-day stresses have been around for so long and are such an integral part of some cultures that their effectiveness is taken for granted. These approaches include various forms of meditation, yoga, and breathing techniques. Often, these approaches were not developed as a treatment approach per se but rather had their roots in some form of religious practice. Yoga, meditation, and breathing approaches to general health and well-being continue to be taught to groups from various walks of life and cultures. In addition, in more recent times (the past 100 years), health care practitioners have started using such approaches as a form of treatment for stress and other physical and mental problems. Health care practitioners have also developed new approaches, for example, autogenic training and the relaxation response. As such, the standard for what is effective changes, and there becomes a requirement for having clinical and research data to demonstrate effectiveness. Other articles in this issue of *Biofeedback* provide background data on various approaches

that include breathing and/or yoga as the main or as one component of a treatment approach and that may well include information on whether the particular approach can be considered to be a validated approach or an as-yet nonvalidated treatment approach. Some of the approaches may well be used largely with groups for improving general health and well-being. The application of the validation template developed by La Vaque et al. (2002) should be applied to each of these approaches if the approach is being used for clinical intervention to determine the degree of validation for clinical use. The use of yoga and breathing techniques for treating various disorders also raises some other issues that practitioners should take into consideration if they are going to avoid ethical and other practice-related problems. Some of these issues will be discussed in this article.

### Measuring Clinical Improvement

All clients have a right to expect practitioners to provide them with an effective treatment for their problem(s), to have the treatment approach changed to one that is agreeable to them if treatment is not working, and/or to be referred to another practitioner if a treatment is needed that the practitioner is not competent to provide or that is outside of his or her scope of practice or competence (Striefel, 2004). The ethical right of the client includes relief from anxiety and pain in the shortest amount of time possible and using the least intrusive treatment approach that is effective (Cummings, 1998), within the guidelines of having been informed about the treatment options available and the pros and cons of each. Clearly, breathing is a treatment approach that can easily be considered to be nonintrusive, depending on how it is applied. On an ongoing basis, the practitioner is expected to assess and make decisions about whether clinical improvement has or is occurring. Making such assessments and decisions can vary from client to client, problem to problem, and treatment approach to treatment approach. Having client self-report data and/or physiological data per se is not enough. Self-report data are subject to error, and physiological data are meaningful only within the context of some sort of standard with which to compare it.

When I have provided biofeedback treatments to clients, they sometimes report that they are not improving when data on symptom frequency, severity, and/or duration would indicate otherwise; and, sometimes a client's physiology does not change as a function of receiving biofeedback but he or she reports improvement. Suffice it to say that it is important to try to obtain several data indices to make judgments about whether clinical improvement has occurred. A combination of objective and subjective data can be used, including client subjective reports, clinician subjective reports, physiological data, checklists, tests, diaries, changes in symptoms, and reports by other interested parties (e.g., teachers or parents, etc). Gevirtz and Schwartz (2003) wrote a helpful chapter on the respiratory system and methods used for assessment and measuring progress. Readers are referred to that chapter for more specific information.

A year ago, in a personal communication, Carl Weitman, PhD (November 29, 2006), raised a couple of issues related to clinical improvement that I plan to address next. He is not responsible for my interpretation of the issues. One issue/question that seems important to consider and answer in each specific situation is, "What level or kind of change constitutes a clinical improvement or decrement for this particular client at this point in time?" If a client filed an ethical complaint against you, claiming that he or she was not making clinical progress or in fact was being harmed, would you have the data needed to convince an ethics committee: (a) that you were practicing within the acceptable standard of care, (b) that you were competent to provide the treatment you were providing to this client, (c) that the treatment was appropriate for the client's problem, (d) that you obtained informed consent on an ongoing basis, (e) that you were assessing clinical improvement in an acceptable manner and were making changes as needed, (f) that you have and use a standard for deciding whether the progress the client is making is clinically significant, (g) that you worked closely with the client's physician if medical issues were involved (with client consent of course), and (h) that you were consulting as needed? If a client complains, one of these items was probably not addressed appropriately.

A second issue raised by Dr. Weitman has to do with flexible control, or what has often been called generalization and maintenance in the literature. The fact that a client can demonstrate that he or she can control his or her physiology while connected to physiological equipment or while sitting comfortably in a chair in the office tells us little about whether he or she will be able to establish and/or maintain such a physiological change when exposed to a stressful situation. It is ethically expected that a health care practitioner will program for generalization and maintenance in the real

world. Practitioners should be familiar with how to conduct a physiological stress profile and with how to program for generalization and maintenance of skills learned during treatment. Do you know how to do this, and do you include it in the treatment plans of the clients you serve? If not, you should learn how to do so, both to maximize the likelihood of client success and to avoid problems for yourself.

### **Successful Practice**

It takes more than being competent to be successful in a biofeedback or applied psychophysiological practice. Being extremely intelligent (high intelligence quotient) certainly helps in acquiring the intellectual and practical competence needed to be successful in dealing with both the day-to-day clinical practice issues that arise and in recognizing and dealing appropriately with the many ethical dilemmas encountered (Bernstein & Swan, 2007). Still, practitioners with average intelligence can also be successful (Bernstein & Swan, 2007). According to Sternberg (cited in Bernstein & Swan, 2007), knowledge, thinking style, personality, and the working environment are also important to being successful. Sternberg combines strong analytical, creative, and practical abilities into what he calls successful intelligence. The more you have of all three skills, the more likely it is that you will be successful at whatever you choose to do. Of course, determination and hard work also play a critical role, as does focusing on and attending to details (Bernstein & Swan, 2007). It is the failure to attend to details that gets practitioners into trouble when dealing with ethical dilemmas. One of those important details is focusing on the relationship that you have with your clients and dealing quickly and effectively with any complaints that the client has or any problems that arise (e.g., a client who is not making progress). All of this must be done in a way that is satisfactory to the client. The ongoing rather than one-time informed consent process can go far toward keeping the client in the loop, becoming aware of any client concerns, and dealing with issues to the satisfaction of all parties concerned.

David Gold is a successful businessman with a net worth estimated at about \$860 million, acquired by starting the Gold's 99 Cents Only chain. His simple strategy for success is to "just treat people like you want to be treated" (Bernstein & Swan, 2007, p. 124). Applying that strategy means paying very careful attention to details, as does the process of informed consent, assessing one's own competence, dealing with confidentiality issues, and so on. Do you have a philosophy for how to treat your clients? Do you attend to all of the little details related to your practice activities? Have you ever had your practice activities, policies, procedures, forms, and indicators of competence assessed by an outside

consultant? Should you do so to gain information on how you might improve what you do and how you do it?

Some other factors to consider in dealing with details that can contribute to success include the following:

1. Developing and applying methods for determining the client's expectations for treatment outcomes.
2. Developing and applying methods for obtaining informed consent for all aspects of assessment and treatment.
3. Developing and applying methods for establishing and maintaining rapport with the client and for encouraging collaboration throughout treatment.
4. Developing and applying methods for identifying relationship boundary issues and for dealing with them so that they do not become problematic.
5. Developing and applying methods for identifying obstacles and/or resistance to change and for encouraging compliance (both inside and outside of sessions), so that treatment is successful and so maintenance and generalization of skills acquired in treatment carries over to real-world activities.
6. Developing and applying methods for obtaining appropriate consultation and/or supervision as needed.

### Side Effects

Each of the approaches to yoga and controlled breathing probably has its own set of actual or potential side effects. Practitioners should be aware of potential side effects, should inform clients about them and get their consent before proceeding with treatment, and should be prepared to deal appropriately and effectively with any side effects that occur (Striefel, 2007a, 2007b).

### Summary

Yoga and breathing approaches have much to offer to clients for clinical problems and to individuals for improving their general health and well-being. When used as clinical intervention approaches, care should be taken to determine the degree of empirical support that exists for the use of that approach as a clinical intervention. Is the approach a validated intervention? If not, are there appropriate validated interventions that the client should be informed about in making treatment decisions? Attention should be taken to include methods for assessing progress and for determining if progress made is clinically significant. Practitioners should

make changes as needed if treatment is not producing the desired results or if it is resulting in negative side effects. Changes to consider include a reassessment to ensure that all aspects of the client's problem(s) have been identified, recommending a different treatment approach, seeking consultation or supervision, referring the client elsewhere, and taking care to deal with all the relevant details of treatment, including making a determination as to whether the treatment is being applied correctly and whether the client is complying with treatment recommendations outside of the treatment session.

### References

- Bernstein, P. W., & Swan, A. (2007). *All the money in the world*. New York: Alfred A. Knopf.
- Cummings, N. A. (1998). Moral issues in managed mental health care. In R.S. Small & L. R. Barnhill (Eds.), *Practicing in the new mental health marketplace: Ethical, legal, and moral issues*. (pp. 53–66). Washington, DC: American Psychological Association.
- Gevirtz, R. N., & Schwartz, M. S. (2003). The respiratory system in applied psychophysiology. In M. S. Schwartz & F. Andrasik (Eds.), *Biofeedback: A practitioner's guide* (pp. 212–244). New York: Guilford.
- La Vaque, T. J., Hammond, D. C., Trudeau, D., Monastra, V. J., Perry, J., & Lehrer, P. (2002). Template for developing guidelines for the evaluation of the clinical efficacy of psychophysiological interventions. *Applied Psychophysiology and Biofeedback*, 27, 273–281.
- Striefel, S. (2004). *Practice guidelines and standards for providers of biofeedback and applied psychophysiological services*. Wheat Ridge, CO: Association for Applied Psychophysiology and Biofeedback.
- Striefel, S. (2007a). Positive aspects of side effects: Part I, an overview. *Biofeedback*, 35, 75–79.
- Striefel, S. (2007b). Positive aspects of side effects: Part II, treating stress. *Biofeedback*, 35(4), 115–119.



Sebastian "Seb" Striefel

Correspondence: Sebastian Striefel, PhD, 1564 E 1260 N, Logan, UT 84341-2847, email: Sebst@msn.com.