

This article is an electronic version of an article originally published in *Cultic Studies Journal*, 1996, Volume 13, Number 1, pages 95-106. Please keep in mind that the pagination of this electronic reprint differs from that of the bound volume. This fact could affect how you enter bibliographic information in papers that you may write.

Ethical Standards for Thought Reform Consultants

**Carol Giambalvo
Joseph Kelly
Patrick Ryan
Madeleine Landau Tobias**

Abstract

A group of thought reform consultants, popularly known as exit counselors, propose detailed ethical standards to guide this new profession. In addition to a preamble, these standards include sections on the responsibility of consultants toward professionalism, toward clients, and toward the public. The second section outlines standards pertaining to the consulting relationship, confidentiality and records, and financial matters. The third section is divided into subsections on educational programs and advertising and presentation to the public.

Editor's Preface

In the mid-1970s increasing numbers of parents began to consult mental health professionals and clergy about their adult children's involvements in new religious groups that many called cults. Parents reported that formerly well-adjusted and engaged young adults (many were college students) changed radically, sometimes over a short period of time. These young adults typically dropped out of school, shunned their families and friends, and devoted themselves full time to working for these strange new groups to which they had pledged their total allegiance. Many parents concluded that their children had undergone a type of brainwashing.

Unfortunately for these parents, few helping professionals took their concerns seriously. Most assumed that these parents were overprotective or that their children were merely "going through a phase." But a handful of professionals, including Dr. John Clark on the East Coast and Dr. Margaret Thaler Singer on the West Coast, listened to the parents and began to speak out publicly. Soon, small and loosely organized groups of parents began to form in different parts of the country.

Several of these groups joined together to form the Citizens Freedom Foundation (CFF), later renamed the Cult Awareness Network (CAN). CAN became the leading grassroots organization for this movement. One informal group in Massachusetts gave birth, so to speak, to the American Family Foundation (AFF), which has become the leading professional organization concerned with cults and psychological manipulation. Both AFF and CFF/CAN were chartered in 1979.

While these groups were developing, parents were doing what they could to rescue their children and sometimes other family members from what were perceived as dangerous situations. Through trial and error, the controversial process of deprogramming developed. In the 1970s, for many parents, deprogramming became the preferred means of rescuing a cult member. Although initially the term *deprogramming* encompassed interventions that were voluntary (the cult member was free to leave at any time) and involuntary (restraint was used for at least part of the time), in time the term came to refer primarily to involuntary interventions. Much confusion occurs today when people mistakenly use

deprogramming in its original sense because they unintentionally give the impression that they are talking about involuntary interventions when in fact they may be referring to voluntary interventions.

Even though incorrect, the widespread belief among many parents that (involuntary) deprogramming was their best, if not their only option was not as unreasonable at that time as it seems today. This belief was so widely held and so supported by media accounts that several state legislatures considered conservatorship legislation, which would have enabled the parents of a cult member to legally extricate him or her for psychiatric evaluation. Such legislation was tantamount to a legalization of deprogramming. Though arousing passionate opposition, this legislation garnered significant support. In New York State, for example, the legislature twice passed the legislation, only to have it vetoed by the governor. Ultimately, however, the opposition to deprogramming and the growing recognition of the effectiveness of less restrictive alternatives ended all legislative efforts for conservatorship bills.

Deprogramming was controversial because it involved forcing a cult member to listen to people relate information not available in the cults. Cult members were sometimes abducted from the street; although more commonly they were simply prevented from leaving their homes, a vacation cabin, a motel room, or whatever location was chosen for the deprogramming process. Deprogrammings often succeeded in extricating the family member from the cult; one study found a success rate of 63%.* Nevertheless, deprogrammings failed more often than many persons realized; and sometimes lawsuits were filed against parents and deprogrammers.

Deprogrammings were arranged through informal, quasi-underground means. Much secrecy surrounded the process for many years. Mental health professionals were almost always "out of the loop"--in part because most did not want to become involved for ethical and legal reasons and in part because their expertise was to a large extent irrelevant to the deprogramming itself. The main role of the mental health professional was to help families cope with their alarm about a family member in a cult and to help former cult members and their families cope with the many problems that accompanied reentry into mainstream society. However, sometimes mental health professionals, clergy persons, or former cult members were able to persuade those still in a cult to talk voluntarily about their cult involvements. Sometimes these conversations resulted in a decision to leave the cult.

Because of these successes, the legal risks entailed in deprogramming, and the ethical discomfort many parents and deprogrammers felt, non-coercive means of helping cult members reevaluate their cult affiliations began to get more attention. By the mid-1980s it had become clear to many persons that what had come to be called exit counseling was at least as effective as deprogramming and certainly was much less risky -- psychologically as well as legally. A few individuals committed themselves to doing exit counseling and refused to do "involuntaries."

Even within the exit counseling field, further branching off has occurred. Some tend to be technique oriented and/or advance a particular religious perspective. Others are information oriented. They introduce themselves as individuals with important information. Although they may have a preference regarding how the cult member chooses to respond to that information, they take pains to avoid manipulating the cult member.

During the past few years, some exit counselors, who prefer to be known as thought reform consultants, have been trying to professionalize their field by establishing ethical and competency criteria. Although this process of professionalization continues, the following set

* M.D. Langone. (1984). Deprogramming: An analysis of parental questionnaires. *Cultic Studies Journal*, 1(1), 63B78.

of ethical standards developed by a group of exit counselors demonstrates how much this field has developed during the past 20 years.

Comments are welcome.

Ethical Standards for Thought Reform Consultants

Thought reform includes the use of highly manipulative methods and processes such as undue social and psychological influence, behavioral modification techniques, disguised hypnosis and trance induction, and other physiological and psychological influence techniques. These techniques are used in a coordinated and systematic way without the informed consent of an individual. Thought reform is commonly associated with cults, but it can occur in other contexts. For our purposes here, cult refers to groups that tend to be deceptive, psychologically and/or physically abusive, and exploitatively manipulative.

Many different approaches have been applied to the problem of freeing people from the hold of thought reform programs. Early in the history of the problem, some concerned families resorted to methods which we in the 1990s, consider unethical. *Deprogramming* was the process of countering the cults' *programming*; the process often meant taking adult children off the street or detaining them until they listened to a detailed critique of the cultic group.

Later, as the techniques and process evolved, the term *exit counseling* was adopted, indicating a voluntary respectful approach. However, there was no universal consensus among those in the field about ethical criteria. This created some problems. First, anyone could declare him- or herself as an exit counselor. Second, the terms exit counseling and deprogramming were often confused and used interchangeably. The labels did not indicate what the individuals were doing or their competency, ethics, or approach.

The ethical standards presented here have been developed by a group of consultants who prefer the term *thought reform consultant* to describe their profession.

Preamble

Consultation refers to a voluntary relationship between a professional helper and help-needing individual, family, group, or social unit in which the consultant is providing information that enables client(s) to more clearly define and solve the problem(s) for which they sought consultation.

Thought reform consultation is the presentation of information concerning the principles and practical applications of thought reform. This presentation is done in a manner that is legal and conforms to the following ethical standards.

The consultation involves a respectful dialogue in an open environment, supplemented by educational materials, such as pertinent literature, generic source materials, informational multi-media presentations, and personal testimonies.

As thought reform consultants, we voluntarily agree to subscribe to these ethical standards.

The existence of ethical standards also stimulates consultants to show greater concern for their own professional functioning and for the conduct of fellow professionals, such as educators, counselors, psychologists, psychiatrists, social workers, clergy, and others in the helping professions. As an ethical code, this document establishes principles that define the ethical behavior of those who have subscribed to it.

Section I. Responsibility of Consultants Toward Professionalism

1. Each individual subscribing consultant influences the development of the profession through continuous efforts to improve professional practices, teaching, services, and

research. Professional growth continues throughout the consultant's career and is exemplified by the development of a set of criteria that defines why and how a consultant functions in the helping relationship.

2. To ensure competent service, subscribing consultants recognize the need for continued sharing of information.
3. Subscribing consultants will obtain a minimum amount of continuing education credits agreed upon by the majority of consultants sub-scribing to these standards.
4. Each subscribing consultant has an obligation to continued professional growth, including active participation in the meetings of fellow consultants as well as participation in research and public education programs.
5. Subscribing consultants are encouraged to devote a portion of their time to related work for which there is little or no financial return.

Section II. Responsibility of Consultants Toward Clients

This section refers to practices and procedures of individual and/or group consulting relationships.

The term "client" herein is defined as: the person(s) coming to a consultant for guidance or information in order to help an individual involved in a cultic relationship. If the client decides to pursue an intervention aimed at helping the involved person reevaluate his or her commitment to the group practicing thought reform, the involved person becomes the primary "client" when the intervention begins.

A. General Standards for the Consulting Relationship

1. The subscribing consultant's primary obligation is to respect the integrity and promote the welfare of the client(s), whether the client(s) is (are) assisted individually or in a group relationship.
2. When working with clients, a subscribing consultant avoids discrimination due to race, religion, sex, political affiliation, social or economic status, or choice of lifestyle.
3. When a subscribing consultant cannot offer service for any reason, he or she will make appropriate referrals, when possible.
4. A subscribing consultant will not use his or her consulting relationship for personal needs or to further religious, political, or business interests.
5. A subscribing consultant will not employ methods or techniques such as neuro-linguistics programming, hypnosis or Ericksonian hypnosis or other techniques similar to those employed by cult groups without fully informed consent of the client.
6. Subscribing consultants recognize their boundaries of competence and provide only those services for which they are qualified by training or experience. Consultants should only accept those cases for which they are qualified.
7. The consulting relationship must be one in which client self-direction is encouraged and cultivated. The subscribing consultant must maintain this role consistently and not become a decision-maker for the client or create within the client a future dependency on the consultant.
8. The Human Services field is becoming increasingly complex and specialized. Few thought reform consultants are able to deal with every cult problem, and many potential clients have difficulty determining the competence of thought reform consultants. Selecting one is difficult because of the lack of knowledge about pertinent qualifications. In some cases, stress itself may impair judgment. Subscribing consultants should help potential

clients make informed evaluations of consultants they are considering.

9. The subscribing consultant must inform the client of the purposes, goals, rules of procedure, and limitations that may affect the relationship at or before the time the consulting relationship is begun.
10. Before an intervention can be initiated, subscribing consultants and client(s) must agree on the definition of the problem, the goals of the intervention, and the range of possible consequences.
11. A subscribing consultant must inform the concerned party(ies) that should a client be prevented from leaving the site of the consultation or physically restrained in any manner (unless legally sanctioned permission has been obtained), the consultant will terminate the consultation immediately.
12. After obtaining the client's permission (if confidentiality is placed at risk), a subscribing consultant may choose to consult with any other professionally competent person about a client or aspects of the situation. If the client refuses to allow consultant to seek outside consultation when the consultant deems such consultation necessary, the consultant should consider terminating with that client.
13. When the subscribing consultant is engaged in individual or group consulting (e.g., group sessions with persons who have walked away from cultic relationships with individuals and/or groups), the consultant should be cognizant of mental health resources available.
14. Ethical behavior among professional associates, including consultants subscribing to these ethical standards and those not subscribing, must be expected at all times. When information is possessed that raises doubt as to the ethical behavior of professional colleagues, whether subscribing consultants or peer consultants, the member should take action to attempt to rectify such a condition. Such action shall use the procedures established by these ethical standards.
15. The subscribing consultant must have a high degree of self-awareness of his or her own values, knowledge, skills, limitations, and needs in entering a helping relationship that involves decision-making capacity and critical thinking skills, and that the focus of the relationship should be on the issues to be resolved and not on the person(s) presenting the problem.
16. Dual relationships with clients that might impair the consultant's objectivity and professional judgment (e.g., with close friends or relatives) should be avoided and/or the consulting relationship terminated through referral to another competent professional.
17. Subscribing consultants do not condone or engage in sexual harassment, which is defined as deliberate or repeated comments, gestures, or physical contacts of a sexual nature.
18. The subscribing consultant will avoid any type of sexual contact with clients. Sexual relationships with clients are unethical and are forbidden.
19. When the subscribing consultant concludes that he or she cannot be of professional assistance to the client, the consultant must terminate the relationship.
20. A subscribing consultant has an obligation to withdraw from a consulting relationship if it is believed that employment will result in violation of the Ethical Standards.
21. If subscribing consultants encounter situations in which appropriate ethical behavior is not clear, they should seek advice from knowledgeable persons.

B. Confidentiality and Records

1. Records of the consulting relationship, including interview notes, family intake information, correspondence, tape recordings, electronic data storage, and other documents are to be considered confidential information. Revelation to others of such material must occur only upon the expressed written consent of the client.
2. Use of data derived from a consulting relationship for purposes of consultant training or research shall be confined to content that can be disguised to protect the identity of the subject client unless written permission of the client is obtained.

C. Financial Matters

1. A subscribing consultant recognizes the importance of clear understandings on financial matters with clients. Arrangements for payments are settled at the beginning of the consultation relationship. Each consultant will provide a written and dated schedule of fees to potential clients.
2. In establishing fees for professional services, subscribing consultants must consider the financial status of clients and family. In the event that the established fee structure is inappropriate for a client, consultants are encouraged to assist families in finding appropriate and available services at an acceptable cost.
3. A subscribing consultant will neither offer nor accept payment for referrals, and will actively seek all significant information from the source of referral (with the permission of the client).

Section III. Responsibility Toward the Public

A. Educational Programs

1. Products or services provided by the subscribing consultant in interventions, public lectures, demonstrations, written articles, radio or television programs, or other types of media must meet the criteria cited in these standards.
2. When subscribing consultants provide information to the public or to subordinates, peers, or colleagues, they have a responsibility to ensure that case-related information is sufficiently disguised to protect confidentiality and that other information is as unbiased and factual as possible.

B. Advertising and Presentation to the Public

1. A subscribing consultant shall not, on his or her own behalf or on behalf of a partner or associate or any other thought reform consultant subscribing to these ethical standards, use or participate in the use of any form of paid public advertising of services which:
 - a. Inappropriately uses statistical data or other information based on past performance or prediction of future success
 - b. Contains a testimonial about or endorsement of a thought reform consultant
 - c. Is intended or is likely to attract clients by use of self-praise
2. The subscribing consultant neither claims nor implies professional qualifications exceeding those possessed and is responsible for correcting any misrepresentations of these qualifications by others.
3. Subscribing consultants may not compensate another person for recommending him or her, or to encourage future recommendations. Advertisements and public communications, whether in directories, announcement cards, newspapers or on radio to television, should be formulated to convey information that is necessary to make an

appropriate selection. Self-praising should be avoided.

4. In advertising services as a private consultant, the subscribing consultant must advertise the services in a manner that accurately informs the public of professional services, expense, and available techniques of consulting.
5. The subscribing consultant may list the following: highest relevant degree, type and level of certification and/or license, address, telephone number, and type and/or description of services. Such information must not contain false, inaccurate, misleading, partial, out-of-context, or deceptive material or statements.
6. Subscribing consultants do not present their affiliation with any organization in such a way that would imply inaccurate sponsorship or certification by that organization.
7. A subscribing consultant shall not knowingly make a representation about his or her ability, background, or experience, or that of a partner or associate, or about the fee or any other aspect of a proposed professional engagement, that is false, fraudulent, misleading, or deceptive, and that might reasonably be expected to induce reliance by a member of the public.
8. A false, fraudulent, misleading or deceptive statement or claim in this context includes a statement or claim which:
 - a. Contains a material misrepresentation of fact
 - b. Omits any material fact that is necessary to make the statement, in light of all circumstances, from being misleading
 - c. Is intended or is likely to create an unqualified expectation
 - d. Relates to professional fees other than
 - (1) A statement of the fee for an initial consultation; a statement of the fee charged for a specific service and any refund policy
 - (2) A statement of the range of fees for specifically described services, provided there is a reasonable disclosure of relevant variables and considerations so that the statement is not likely to be misunderstood
 - (3) A statement of specified hourly or daily rates, provided the statement makes clear that the total charge will vary according to the number of hours or days devoted to the matter

Cultic Studies Journal, Vol. 13, No. 1, 1996

Notes

Ethical Standards were patterned after the Ethical Codes or Standards of the following organizations:

- American Association for Marriage & Family Therapy
- National Association of Social Workers
- Standards for the Private Practice of Clinical Social Work
- American Psychiatric Association
- National Academy of Certified Clinical Mental Health Counselors

We worked diligently to combine those standards with some uniquely necessary to our profession. And we owe our gratitude to the following advisors for their professional support and encouragement:

- Margaret Singer, Ph. D.
- Michael Langone, Ph. D.
- Herbert Rosedale, Esq.
- David Bardin, Esq. and Livia Bardin, M.S.W.
- Bill Goldberg, M.S.W. & Lorna Goldberg, M.S.W.