



# INTERNATIONAL SOCIETY OF SCHEMA THERAPY

## ETHICS AND CONFLICT RESOLUTION COMMITTEE

### CODE OF CONDUCT

#### Introduction

The International Society of Schema Therapy (ISST) promotes ethical attitudes and conduct and holds high standards for clinical and professional judgments on the part of its members. The Code of Conduct does not intend to answer every ethical consideration but offers a framework designed to guide members of the Society in standards of professional conduct in their work with individuals and organizations. The Code of Conduct also outlines what the public should expect from Schema Therapists (STs) who are members of ISST.

STs regularly need to make professional judgments and decisions in complex, changing, unclear and uncertain situations; the standards set out in this document are considered the minimum necessary for safe and effective practice.

The Standards in this document are not designed to form a basis for civil liability.

It is understood that members of the Society should know the legal and regulatory requirements of the country in which they work.

#### Four principles underpin the Code of Conduct:

- I. **Respect.**
- II. **Competence.**
- III. **Integrity.**
- IV. **Responsibility.**

Under each principle, we list considerations for STs as they engage in their professional responsibilities.

#### I. **Respect**

Respect for the dignity and rights of all people, including clients/patients, caregivers, other professionals, and members of the public, is a core and universal ethical principle. This fundamental principle of Respect is applied across geographical and cultural boundaries and professional disciplines, regardless of differences in social status, ethnicity, culture, religion, gender, gender identity, capacities, or any other such group-based characteristics. STs are sensitive to biases based on these factors and strive to not participate in or condone the activities of others based upon such prejudices.

STs are sensitive to issues of power or influence, particularly with anyone whose vulnerabilities would preclude autonomous decision-making.

### **STs demonstrate Respect by:**

- A. Valuing everyone as unique.
- B. Treating clients/patients with compassion, considering their needs and wishes, communicating politely, as well as protecting their rights and welfare.
- C. Working collaboratively with clients/patients and caregivers in decisions involving their treatment or other services provided.
- D. Documenting with signatures (whether agreement is in written form or orally conveyed) informed consent as mandated by law or institutional regulations:
  - 1. For assessment, therapy, supervision, consultation, and research.
  - 2. If not from the client/patient, from a legally authorized person on behalf of someone lawfully incapable of independent decision-making.
- E. Maintaining Confidentiality:
  - 1. Including all information about clients/patients, trainees, supervisees, research participants, organizations, or other recipients with whom STs have established a professional relationship.
  - 2. Procuring Informed consent from the individual or, where appropriate, their legal representative, when disclosing confidential information unless required by law to protect an individual or the public.
  - 3. Being sensitive to the limitations of law, institutions, or employing organizations.
  - 4. Discussing its limitations at the start of the professional relationship and whenever circumstances change.
  - 5. Understanding its limitations (and possible exposure) when information is transmitted electronically.
  - 6. Limiting written or verbal communication to the relevant purposes of the communication.
  - 7. Obtaining agreement from the individual or their legal representative before the audio/video recording of individuals to whom they provide services.
  - 8. Understanding that Supervisors/Consultants are bound by confidentiality.
  - 9. Disclosing information in Supervision/Consultation only to the extent necessary to achieve the purposes of the consultation/supervision.
  - 10. Inhibiting disclosure of confidential, personally identifiable information concerning their clients, trainees/supervisees, research participants, organizational clients unless:
    - a. Anonymizing the individual or organization,
    - b. Obtaining signed consent from the person or organization, or authorized by law.

## **II. Competence**

STs (practitioners, researchers, trainers/supervisors, or in training) may offer services that require specialist knowledge, training, skill, and experience.

Competence in Schema Therapy refers to their ability to provide those services to a requisite professional standard, which is attested to by relevant certification in the ISST.

### **STs demonstrate Competence by:**

- A. Working within and providing professional services, teaching, or research within areas of competence (i.e., specialty expertise obtained by education, skill, supervised training, consultation, and experience).
- C. Being familiar with the judicial or administrative rules governing their roles when working within the specialty area of forensic psychology.
- D. Maintaining and developing knowledge and skills through continuing professional development.
- E. Collaborating with colleagues or referring a client to another practitioner if the care, treatment, or other services the client needs are beyond their areas of competence.
- F. Delegating work to clinicians with the knowledge, skills, and experience needed to carry it out safely and effectively.
- G. Avoiding the delegation of referrals to professionals who are in a dual relationship with the recipient of their services, as it could lead to exploitation or impaired objectivity.
- H. Limiting their work or stop practicing if their physical or mental health, personal problems affect their performance, competence, or judgment or puts others at risk.
- I. Heightening awareness of potential biases and understanding the boundaries of established competence to inhibit the contribution to or condone unjust practices.
- J. Maintaining effective record-keeping principles:
  - 1. Keeping complete and accurate records during treatment, and the provision of other services, including research.
  - 2. Completing all records promptly after providing treatment or other services.
  - 3. Maintaining security of records to avoid or minimize loss, damage, or inappropriate access (i.e., locked file cabinet, locked closet or room, locked perimeter door, etc.
  - 4. Recording decision-making processes when responding to particularly challenging clinical or ethical issues.
  - 5. Maintaining compliance with local and national laws or institutional regulations on record keeping.
  - 6. Maintaining boundaries of confidentiality when creating, disseminating, transferring, and disposing of all records of clinical, professional, and scientific work under their control, whether written, audio/video recorded or in any other medium.

### **III. Integrity**

STs promote integrity in all facets of their professional and scientific endeavors. Acting with integrity means setting self-interest to one side and being authentic, honest, accurate, objective, fair, and consistent in one's actions, words, decisions, and methods, refraining from cheating or engaging in fraud, subterfuge, or intentional misrepresentation of fact.

### **STs demonstrate Integrity by:**

- A. Disclosing known risks associated with the services provided and how best to collaborate with clients'/patients' goals by appraising them of any benefits, costs, and commitments involved.
- B. Clarifying qualifications, experience, and treatment methods accurately.
- C. Maintaining personal and professional boundaries.
- D. Monitoring how clients/patients are experiencing the progression of treatment goals.

- E. Reviewing treatment progress and goals with clients through regular supervision (even after achieving certification).
- F. Conducting themselves with honesty and transparency of issues regarding the care, treatment, or other services that they provide by:
  1. Informing clients/patients, or where appropriate, their caregivers or legal representatives, supervisees, and trainees that an issue has arisen, and if the issue is perceived as a problem, that they are taking action to limit or repair any harm.
  2. Informing the client/patient, the client/patient's legal representative if they are vulnerable, or other institutional representative if areas of potential areas of conflict of interest have arisen that could influence their decision-making over the course of treatment.
  3. Maintaining the safety and well-being of clients/patients, particularly children and vulnerable adults, and reporting concerns promptly and appropriately.
  4. Supporting clients/patients and caregivers, supervisees, trainees, and colleagues as they raise concerns about the care, treatment, or other services they have received.
  5. Following up on any reported concerns.
- G. Ethical advertising:
  1. Avoiding making misleading, false, or fraudulent statements when speaking publicly, advertising in print, via the internet, or any other medium, about:
    - a. Training, skills, and experience; academic degrees and other qualifications or credentials.
    - b. Regarding institutional or association affiliation.
    - c. Regarding the provision of services.
    - d. Regarding workshops and any other educational programs they intend to offer.
    - e. Regarding scientific or clinical basis for, or results or degree of success of their service, publications, or research findings.
    - f. Regarding fees
  2. Maintaining responsibility for any public statements made by individuals they have engaged, paid or unpaid, to promote their professional services.
  3. Avoiding requests for testimonials or business from current or potential clients/patients or persons who may be vulnerable to undue influence because of their specific personal, work, and social circumstances.

#### **IV. Responsibility.**

STs accept responsibility for what is within their power, control, or management. They strive to be trustworthy and ensure that their power of influence is appropriately managed by upholding professional standards of conduct, clarifying their professional roles and obligations, and practicing lawfully, safely, and effectively.

STs cooperate with the relevant ISST committees in investigating their conduct or competence.

#### **STs demonstrate Responsibility by:**

- A. Abiding by the legislative guidelines that are specific to their country of practice.
- B. Abiding by the Ethical codes and codes of conduct of the Professional bodies to which they belong.

- C. Promptly informing the ISST Executive Board (EB) of any change in their professional status that might impact their right to membership in the ISST (e.g., moving to another country where they are not licensed to practice).
- D. Promptly informing the ISST EB if:
  - 1. They have been cautioned by the police, charged with, or found guilty of a criminal offense.
  - 2. They are found guilty of malpractice or incompetence by the professional body that regulates their professional practice.
  - 3. They have been suspended or dismissed by an employer due to concerns about conduct or competence.
- E. Avoiding Conflict of Interest by:
  - 1. Inhibiting professional roles where personal, scientific, professional, legal, financial, or other interests or relationships could impact:
    - a. Losing one's objectivity and impairing practice competence
    - b. Exploiting or causing harm to individuals or organizations where they practice.
- F. Avoiding Dual or Multiple Relationships when possible (see ISST Policy & Principles concerning Dual/Multiple Relationships).
- G. Avoiding discriminating or harassing individuals with whom they work according to age, gender, gender identity, sexual orientation, disability, race, culture, nationality, religion, or socioeconomic status.
- H. Participating in, facilitating, or assisting in the physical or mental torture or in any other cruel, inhuman, abusive, or humiliating behavior.
- I. Attempting to minimize any identified risk of harm to clients/patients, caregivers, and colleagues.
- J. Refraining from the exploitation of individuals they hold supervisory, evaluative, or other authority, such as clients/patients, trainees, supervisees, research participants, and employees. (See also Dual/multiple Relationships Guidelines).
- K. Avoiding sexually harassing (sexual advances or verbal or nonverbal behavior of a sexual nature) clients/patients, trainees, supervisees, research participants, and employees.
- L. Avoiding harassing or degrading forms of communication towards all individuals they interact with in their work, regardless of age, gender, gender identity, sexual orientation, race, ethnicity, nationality, religion, disability, language, or socioeconomic status.
- M. Clarifying at the initial point of contact or very soon thereafter Third-Party Requests for Services.
  - 1. Following the agreement to provide services to a person or group/organization at the request of a third party, STs confirm:
    - a. Their role (e.g., therapist, consultant, or expert witness),
    - b. Who the client is (e.g., individuals or organizations),
    - c. How information and services will be used, and
    - d. The limits, if any, of confidentiality.
- N. Consulting, referring, or collaborating with other professionals, institutions, and organizations whenever it is in the best interest of those with whom they work.
- O. Clarifying at the initial point of contact or very soon thereafter when STs are asked to deliver services to or through organizations:
  - 1. The nature and objectives of the services, as well as what cannot be provided given legislative or institutional regulations.

2. The intended recipients.
  3. Which individuals are clients/patients.
  4. The relationship the ST will have with each person within the organization and the organization itself.
  5. The probable uses of services provided.
  6. The information obtained.
  7. Who will have access to the information.
  8. The limits of confidentiality.
  9. The results and conclusions of such services.
- P. Facilitating alternative services (unless otherwise stated in their contract), when affected by illness, relocation, or retirement or by the client's/supervisee's relocation or financial constraints.
- Q. Resolving actual or potential conflicts between their responsibilities, practice, and the law, organizational demands, or regulations.
- R. Correcting misuse or misrepresentation of their work.
- S. Resolving perceived violation of standards and ethical principles by a colleague.
1. First, informally.
  2. If informal resolution is not possible by (the lack of response from the colleague, or limitations imposed by the professional organization or relevant institutional authority), then formally, by filing a Complaint Form with the ECRC, supported by documentation.
- T. Avoiding filing Complaints where there is a lack of sufficient evidence to prove or disprove the allegation.
- U. Avoiding discrimination of complainants and respondents in matters of employment and promotion.