



ISST POLICY AND PRINCIPLES WITH RESPECT TO DUAL/MULTIPLE RELATIONSHIPS

Ethics and Conflict Resolution Committee

Approved by the Executive Board 10th November 2020

1. PURPOSE AND STATUS OF THESE GUIDELINES

Within the professional community and particularly among psychotherapists universally and internationally there is frequent discussion of how to manage what are sometimes referred to as “relationship boundaries.” This concerns the degree of contact, sharing of information and intimacy that may be appropriate between therapist and client, supervisor and supervisee, and in other professional relationships. The situation is complicated further when there is more than one client, for example, when working with a couple, a family, or a therapy group or when a professional is in more than one role with respect to a client, for example, as individual therapist and group therapist, or in some other relationship within the broader community. Across the different therapy traditions there are differing views on just how restrictive one should be in setting limits. In general, the schema therapy community favours an approach that is flexible, but respectful of the integrity of professionals and clients alike.

This policy document sets out the perspective on these issues from the point of view of the values and practice of schema therapy. It is intended as a guideline to assist therapists and supervisors think through ethical dilemmas and challenges they may be confronted with. It is not intended to be mandatory. Indeed, as is recognized in #7 below, professionals may be governed by different or stricter requirements by the professional bodies which license their practice.

In several places it is recommended that the therapist document ethical concerns and even formalize them in a contract with clients or other professionals. These recommendations are offered as a way that professionals might create a paper trail to protect themselves from future claims that they acted unethically. It is intended that where there are ethical dilemmas of the kind dealt with below, these guidelines will be useful to supervisors and supervisees alike in considering how best to handle complex situations. They are offered as advisory rather than mandatory for ISST members.

For that reason, no formal contracts or examples of such contracts are specified or offered here. Where appropriate we encourage members to develop such contracts as they find appropriate for each complex situation, and to consult with other members and supervisors in the process.

2. DUAL/MULTIPLE RELATIONSHIPS: DEFINITIONS AND PRINCIPLES

2.1. Introduction: Schema Therapy Practitioner(s) (STP) who are members (Full, Associate, Supporting, Honorary) of the International Society of Schema Therapy (ISST) and who practice at the uncertified, basic, advanced, or supervisor/trainer level whether working

with individuals, couples, families or groups, and as primary therapists or as auxiliaries, seek to establish ethical and collaborative relationships with clients, supervisees, colleagues, organizations, and the community. Ethical and collaborative relationships are relationships that are based in safety and trust. Aware of the complexity of clinical, supervisory, professional, and social relationships, and how trust can be eroded, STPs seek to be knowledgeable of the issues concerning dual /multiple relationships. A dual/multiple relationship exists when there is a situation where multiple roles exist between a therapist, and another mental health practitioner or client. The responsibility for establishing and maintaining boundaries while participating in clinical, supervisory, professional and social relationships, particularly those relationships of a dual/multiple nature, resides with the practitioner. This document provides definitions and guidelines regarding Client-STP relationships and supervisee-STP relationships to assist members of ISST in the management of dual/multiple relationships.

2.2. Standards Regarding Clients. STPs have a duty of care towards their clients, who may be vulnerable, and as such, they must maintain the highest regard for their welfare and safety. STPs need to be alert to (real or perceived) risk factors in their professional practice. STP also need to be sensitive to the complex ethical and legal issues of dual/multiple relationships, which may lead to (real or perceived) conflicts of interest and exploitation of clients.

2.3. Standards Regarding Supervisees. STPs certified at the supervisor/trainer level maintain a responsibility towards their supervisees that they are sufficiently experienced, competent and appropriately trained to provide supervision. When STPs are not sufficiently trained in an area of clinical practice, they should recommend other supervisors who do hold competence in that practice area. Practitioners may offer supervision to professional colleagues and organizations in line with their competencies. STPs need to be sensitive with regard to having personal relationships with their supervisees, which could adversely affect integrity and objectivity.

2.4. Informed consent. It is a normal part of the practice of STPs that they alert clients and supervisees to the ethical aspects of their relationship with the STP and that clients and supervisees give informed consent in writing to the general conditions of that relationship and to the nature of the treatment or supervision being offered. Where there are potential conflicts of interest related to dual or multiple relationships, of the kind addressed in this document, STPs should consider including reference to them as part of these informed consent procedures. It is important that such consent, given by clients or supervisees, is *voluntary* (the decision to either consent or not to consent must be made by the client/supervisee and must not be influenced by pressure from the STP or other professional staff, friends or family), and *informed* (clients/supervisees must be given all of the relevant information, including that related to benefits and risks). Clients/supervisees must also have the *capacity* to give consent, which means they are understand the information given to them and can use it to make an informed decision.

2.5. Definitions

This paragraph provides formal definitions of various terms used in the document.

Auxiliaries. Mental health professionals other than psychotherapists who are working as a member of a multidisciplinary treatment team. These include, for example, creative

arts therapists (art, drama, music, movement, nonverbal, psychomotor, etc.), psychiatric nurses, social workers, occupational therapists and physiotherapists.

Boundaries. The guidelines, limits or expectations regarding safety and respect that a person holds towards themselves, and others.

Client. An individual who contracts for a therapeutic service from a STP.

Conflict of interest. A situation that arises within the context of a client-STP relationship or a supervisee-STP relationship where the concerns of the two individuals are incompatible.

Couple. Two individuals who are in a relationship who contract for therapeutic services from a STP.

Dual/multiple Relationships. A dual/multiple relationship exists when there is a situation where multiple roles exist between a therapist, and another mental health practitioner or client. Dual/multiple relationships arise when a STP functions within two concurrent roles, professionally or socially, with clients, supervisees, and/or colleagues, in private practice, outpatient and larger clinical arenas, organizations including those that are religiously/spiritually based, and in the community.

Exploitation. Within the context of a Client-STP relationship or a supervisee-STP relationship where the STP disregards guidelines or expectations of safety and respect in order to derive financial or personal benefit.

Informed consent agreement. A formal procedure whereby a client or supervisee gives informed consent to an STP with respect to the nature of treatment or supervision offered and the conditions, and potential complicating factors, that need to be taken into account (see 2.4 above).

Power Imbalance. A relationship where one individual in the relationship holds greater power than the other. The STP holds the power within the context of a relationship with a client, or with a supervisee, with an auxiliary within a multidisciplinary team, and, where the STP is an employer, with an employee.

Supervisee. A STP who contracts for supervision or consultation with a STP who has been certified at the supervisor/trainer level.

Supervisor. A STP who is certified at the supervisor/trainer level and who has contracted with a supervisee in order to provide supervision or consultation.

3. DUAL/MULTIPLE RELATIONSHIPS: GENERAL RECOMMENDATIONS

- 3.1. Sexual relationships:** STPs should not engage in an intimate or sexual relationship with clients, or with family members, relatives or friends of clients who are seen in consultation. That duty of care continues **after** the STP-client relationship has ended. The period of time after the ending of the professional relationship may be indefinite or a set number of months or years and STPs should follow the guidelines of their professional body (see #5 below).

- 3.2. Professional objectivity:** STPs should avoid forming relationships that may impair professional objectivity or otherwise lead to exploitation of or conflicts of interest with a client
- 3.3. Sensitivity to power imbalances:** STPs should be sensitive to the power imbalance in contexts in which they are in a position of greater power (see **2.5 Power Imbalances**). They should be particularly careful to be respectful to those they work with who are in a lower power position, and to be aware of their rights and needs.
- 3.4. Abusing relationships to own ends:** STPs should refrain from abusing professional relationships in order to advance their sexual, personal, financial, or other interests.
- 3.5. Financial aspects:** When assessing for conflict of interest in dual/multiple relationships, STPs carefully evaluate any financial relationships with existing clients and/or community members where there is a potential for adversely affecting the practitioner-client relationship. For example, having a local trader as a client may be unavoidable and is unlikely to affect the practitioners' professional judgement; whereas accepting a client who is one's tenant, landlord or employee may adversely affect a STP's professional judgement.
- 3.6. Existing close relationships:** STPs should normally try to avoid entering into professional relationships with persons with whom they already have, or have had close personal relationships, e.g., family members and friends. Where there is no reasonable alternative, such as a lack of availability of other professionals, or the provision of a scope of care, the STP should make every effort to remain professional and objective while working with the individual they know or have known.
- 3.7. Care following termination of a professional relationship:** STPs should recognize that conflicts of interests and inequity of power may still remain after professional relationships are formally terminated, and that professional responsibilities may still apply.
- 3.8. Addressing a problem:** If a STP finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the STP takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code;
- 3.9. Terminating a relationship:** A STP may determine that the best course of action is to discontinue providing therapeutic services to their client. If this decision is made, the STP manages the termination and/or referral process in a sensitive and responsible manner.
- 3.10. Leadership roles:** When acting as leaders in clinical or managerial roles, STPs should maintain sensitivity to boundaries and issues related to power imbalance, and possible abuse within these relationships. Where STPs are in a position of power/leadership with individuals, it is particularly important that they exercise caution and consider the possible issues which may arise from developing personal relationships; it may be necessary to seek supervision, when necessary and appropriate.

4. THE SCHEMA THERAPY PRACTITIONER AND CLIENTS

4.1. *Dual/multiple relationships in private practice and/or clinical settings.* STP develop dual/multiple relationships when, for example:

- a. A prior relationship to the therapeutic contract has been established;
- b. When treating multiple members of the same family;
- c. When consulting with a couple and then meeting with each partner individually;
- d. When referring existing clients to a group led or co-led by the STP;
- e. When providing individual therapy to individuals who are part of a therapy group for which the STP is a therapist;
- f. When conferring with partners or friends of an existing client; and,
- g. When practicing within rural and remote settings where the potential risk associated with a person receiving no therapeutic service is greater than the potential risk of providing therapeutic service.

4.2. *Dual/multiple relationships in the larger clinical or social community.* Dual/multiple relationships can occur when STPs:

- a. Establish therapeutic relationships with clients, who are professionally trained or employed as therapists, and who later transition to become colleagues or partners (i.e., as STP, co-authors on grants, publications, or books, policy development and design, etc.);
- b. Consult or are employed by a school, or other types of non-profit organizations;
- c. Consult with religious, or spiritual organizations where the STP is also a member or pastoral associate;
- d. Consult with religious, or spiritual organizations where a family member of the STP is a member or pastoral associate; and,
- e. Are members of social clubs, gyms, or professional organizations.

4.3. *Dual/multiple relationships in the broader community.* Dual/multiple relationships can arise when STPs

- a. are in a professional role with an individual and maintain a concurrent relationship with another individual closely associated with or related to the person with whom the psychologist has the professional relationship; and,
- b. Promise to enter a relationship in the future with the person or a person closely associated with or related to a person with whom the psychologist has the professional relationship.

4.4. *General guidelines with respect to dual/multiple Relationships.* Where a dual/multiple relationship cannot be appropriately avoided, the STP should consider taking the following steps:

- a. Prepare an informed consent agreement that documents the nature of the dual/multiple Relationship, and procedures for the keeping of professional boundaries, and confidentiality;
- b. Discuss and document in the informed consent agreement how encounters outside of the office setting will be handled;
- c. Discuss and document strategies for monitoring and responding to boundary issues as they arise;
- d. Obtain a signed copy of the informed consent agreement from the client, and from each person in the couple, family or group, and document any pertinent issues, and,
- e. Consult with a senior clinician who has knowledge and understanding of the situation and context in order to clarify and support the existence of the dual/multiple relationship, and document the discussion and any conclusions reached.

4.5. Guidelines specific to couples and families. The STP should consider taking the following steps:

- a. Prepare an informed consent agreement that clarifies which individuals are clients;
- b. Clarify in the informed consent agreement the nature of the relationship the STP will have with each person;
- c. Clarify in the informed consent agreement that the STP will not hold a potentially conflicting role such as therapist and witness for one party in divorce or family court proceedings.
- d. Summarize the pertinent issues in a separate document.
- e. If the STP is called upon to assume such a role, the STP takes reasonable steps to abstain or withdraw from this role.

4.6. Guidelines specific to group therapy. When conducting group therapy, the STP should consider taking the following steps:

- a. Prepare an informed consent agreement which describes the therapeutic services offered to persons in the group setting;
- b. Describe in the informed consent agreement the roles and responsibilities of all parties and the limits of confidentiality;
- c. Clarify in the informed consent agreement that the STP may assess individuals at the beginning of the group, and at regular intervals, whilst they are receiving group therapy.

4.7. Guidelines specific to rural and remote settings. The STP should

- a. Document reasons in support of the decision to provide therapy in the case of a prior relationship;
- b. Document the lack of alternative practitioners in rural and remote settings;
- c. Document and clarify parameters and limits for “informal consultations” outside of the therapeutic relationship.
- d. Document any other concern regarding the dual/multiple Relationship.

5. THE SCHEMA THERAPY PRACTITIONER AND SUPERVISION

5.1. Background. Schema Therapy supervision may take the form of clinical supervision, consultation, mentoring, coaching, supervision whilst engaged in placement/work setting, tutorials and peer support. STPs may engage in one to one supervision; group supervision (facilitated or non-facilitated) or peer supervision, face to face or virtual. A STP may also be called upon to manage another Schema Therapist in a clinical, hospital or organizational setting.

STPs may select a supervisor, depending on their clinical orientation, preferred supervisory style, nature, and personal and professional needs. A STP may also consult with an experienced colleague outside their professional specialty or organization.

The nature of the supervisory relationship creates a power imbalance, even between peers. Both the STP providing supervision and the STP receiving it need to be aware of this.

Those working in independent practice, or in the absence of service-based supervision, when addressing clinical issues of under-developed clinical competency, are strongly encouraged to seek supervision or consultation with an appropriately qualified and experienced STP. Peer supervision (individual or group) is another source of collegial support and guidance.

5.2. Dual relationships in supervision. While this list is not exhaustive, when providing Schema Therapy supervision STPs can develop dual/multiple relationships when:

- a. A practitioner has received therapy from the STP in the past, and after termination of the therapeutic relationship, wishes to attend a workshop or training offered by the STP;
- b. A supervisee has received individual supervision from the STP and wishes to attend an additional training and supervision offered by the STP in an additional area of clinical competency;
- c. The supervisee receives supervision from a STP and participates in a group, which is either led or co-led by the same STP;
- d. The supervisee is invited by the supervisor to co-author a paper for publication or presentation for a workshop or conference; and,
- e. The supervisee is a colleague of the supervisor and collaborates in organizational policy development and design.

5.3. Guidelines with respect to dual/multiple Relationships. It is recommended that STP consider the following steps:

- a. Discuss and document the nature of the supervisee-supervisor dual/multiple relationship, the power imbalance, boundaries, and confidentiality.
- b. Agree and document, if necessary, how encounters outside of the supervision setting will be handled.
- c. Agree and document, if necessary, strategies for monitoring and responding to boundary issues as they arise.

- d. Agree and document that Supervision is not therapy. If the Supervisee and the Supervisor recognize that the Supervisee's Schema activation is inhibiting the therapeutic process, the Supervisor, with the Supervisee's consent, can help the Supervisee identify and address these issues providing adaptive emotional support and guidance. Experiential work may well form part of this process. This intervention within the Supervisory process may be utilized over the Supervisory process, but should not take up more than 10%-15% when the Supervisee is working towards Certification. If the Supervisee's Schema activation requires more extensive intervention and/or the Supervisee is reluctant to work with the Supervisor, the Supervisor should encourage the Supervisee address these issues in individual therapy outside of supervision.
- e. Agree and document, after clarifying the therapeutic issues, that the supervisee will consult with the recommended STP, a STP of the supervisee's choosing, or a clinician who practices outside of ISST who can expertly address the therapeutic issue.
- f. Agree and document that the relationship between the supervisee-supervisor should be informative and reflective; and the supervisor should provide regular informative clinical feedback to the supervisee as well as motivating them to reflect on their own clinical practice, to continue the process of self-assessment, striving to improve self-awareness.

6. THE ROLE OF PROFESSIONAL AND LEGISLATIVE GUIDELINES

It is recognized that there might at times be a conflict between the guidelines set out above and Ethical Guidelines and Codes of Conduct of their professional and legislative bodies. If the STP's professional and legislative bodies provide guidelines that are more restrictive, **the STP should adhere to those professional and legislative guidelines.**