



INTERNATIONAL SOCIETY OF SCHEMA THERAPY

ETHICS AND CONFLICT RESOLUTION COMMITTEE

ISST POLICY AND PRINCIPLES CONCERNING DUAL/MULTIPLE RELATIONSHIPS

Introduction

Within the professional community and particularly among psychotherapists there is frequent discussion of managing “relationship boundaries.” This practice paper presents a perspective guided by the values and practice of Schema Therapy regarding the degree of contact and sharing of information between Schema Therapists (STs) and clients, Supervisors, Supervisees, and other professional relationships. The *Ethics and Conflict Resolution Committee* (ECRC) offers this practice paper to STs as a guideline to the ethical challenges encountered when managing complex “relationship boundaries.”

Across the therapy traditions, there are different views on how restrictive one needs to be when establishing boundaries. The Schema Therapy community generally favors a flexible approach that respects the integrity of professionals and clients alike.

The situation is particularly complicated 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 engaged in more than one role concerning a client, for example, as an individual therapist and group therapist, or in some other relationship within the broader community.

Legislative policies or professional bodies that license psychotherapy in your country may have different or stricter requirements. ISST recommends that STs review the national legislative procedures and the guidelines of the professional bodies for mandatory practices.

This practice paper is divided into six sections:

- I. Principles.**
- II. Definitions.**
- III. General Recommendations.**
- IV. Schema Therapists and Clients.**
- V. Schema Therapists and Supervision.**
- VI. The Role of Legislative and Professional Guidelines.**

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

I. Principles

- A. STs 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, as primary therapists or as auxiliaries, seek to establish ethical and collaborative relationships with clients, supervisees, colleagues, organizations, and the community.
- B. Ethical and collaborative relationships are based on safety and trust. Awareness of the complexity of clinical, supervisory, professional, and social relationships and the erosion of trust encourages STs to seek a better understanding of the issues concerning dual/multiple relationships.
- C. Dual/multiple relationships occur when a Schema Therapist (ST) holds more than one role with another mental health practitioner or client.
- D. The ST is responsible for establishing and maintaining ethical boundaries while participating in clinical, supervisory, professional, and social relationships.
- E. STs demonstrate ethical standards regarding clients by:
 - 1. Maintaining a duty of care towards their clients and the highest regard for their welfare and safety, particularly those who may be vulnerable.
 - 2. Attending to (real or perceived) risk factors in their professional practice.
 - 3. Avoiding real or perceived conflicts of interest and exploitation of clients.
- F. STs demonstrate ethical standards regarding supervisees by:
 - 1. Certifying that STs Supervisor/Trainers are offering supervision/consultation to colleagues and organizations within areas of competency.
 - 2. Certifying that Supervisees are sufficiently experienced, competent, and appropriately trained to provide Supervision.
 - 3. If STs are not competent in a particular area of practice, referring Supervisees to other Supervisors who demonstrate competency.
 - 4. Maintaining caution when forming personal relationships with Supervisees, which could adversely affect integrity and objectivity.
- G. STs demonstrate ethical standards regarding Informed consent by:
 - 1. Discussing the ethical aspects of the Supervisory/Consultancy relationship with clients and Supervisees.
 - 2. Documenting in a "Practice Agreement" or "Informed Consent," a written document detailing expectations and conditions of the relationship and the nature of the treatment or Supervision.
 - 3. Documenting Dual/Multiple Relationships and the possibility of potential conflicts in the "Practice Agreement", "Informed Consent" or Supervisory notes.
 - 4. Noting that when "agreement" or "consent" is given by clients or Supervisees, it is an informed decision and *voluntary* (the decision to "agree" or "consent" must not be influenced by pressure from STs, other professional staff, friends, or family).
 - 5. Noting that when clients or Supervisees are informed, they are given relevant information, inclusive of risks and benefits.

II. Definitions

The following provides formal definitions of terms used in this practice paper.

- A. Auxiliaries:
 - 1. Mental health professionals, other than psychotherapists, 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.
- B. Boundaries:
 - 1. The guidelines, limits, or expectations regarding safety and respect a person holds towards themselves and others.
- C. Client:
 - 1. An individual who contracts for a therapeutic service from a ST.
- D. Conflict of interest:
 - 1. A situation arising within the context of a ST-client relationship or a ST-Supervisee relationship where the concerns of the two individuals are incompatible.
- E. Couple:
 - 1. Two individuals in a relationship contract for therapeutic services from a ST.
- F. Dual/multiple Relationships:
 - 1. Dual/multiple relationships occur when a ST holds more than one role with a client or another mental health practitioner (e.g., professionally, socially, private practice, in an outpatient or larger clinic arena, organizations including those that are religiously/spiritually based, and in the community).
- G. Exploitation:
 - 1. When a ST disregards guidelines or expectations of safety and is oriented towards deriving financial or personal benefit within the context of a ST-Client or ST-Supervisee relationship.
- H. Informed Consent or Practice Agreement:
 - 1. A formal procedure whereby a client or Supervisee gives Informed Consent to an ST concerning the nature of treatment or Supervision offered, the conditions, and the potential complicating factors.
- I. Power Imbalance:
 - 1. A relationship where one individual in the relationship holds greater power than the other.
 - 2. The ST holds power within the context of a relationship with a client, with a supervisee, with an auxiliary within a multidisciplinary team, and where the ST is an employer with an employee.
- J. Supervisee:
 - 1. A ST who contracts for Supervision or consultation with a ST who is certified at the Supervisor/Trainer level.
- K. Supervisor:
 - 1. A ST who is certified at the Supervisor/Trainer level who has contracted with a Supervisee to provide Supervision or consultation.

III. General Recommendations

- A. Sexual relationships.
 - 1. Intimate or sexual relationships with clients, family members, relatives, or friends of clients who are in consultation cross ethical boundaries and constitute unethical conduct.
 - 2. A ST's duty of care continues after the ST-client relationship has ended.
 - 3. The duty of care after termination of the professional relationship may be indefinite or a set number of months or years. The ST should follow the guidelines of their professional body.
- B. Professional objectivity.
 - 1. Relationships that impair professional objectivity or otherwise lead to client exploitation cross ethical boundaries and constitute unethical conduct.
- C. Sensitivity to power imbalances.
 - 1. STs are sensitive and responsive to power imbalances, especially when they are in a position of greater power.
 - 2. STs should respect and demonstrate sensitivity with those who are in a lower power position at work.
- D. Forming professional relationships to advance their sexual, personal, financial, or other interests cross ethical boundaries and constitute unethical conduct.
- E. Financial aspects.
 - 1. When assessing for conflict of interest in dual/multiple relationships, STs evaluate financial relationships with existing clients and/or community members where there is a potential for adversely affecting the ST-client relationship. For example, having a local merchant as a client may be unavoidable and is unlikely to affect the practitioners' professional judgment, whereas accepting a client who is one's tenant, landlord, or employee may adversely affect a STs professional judgment.
- F. Existing close relationships.
 - 1. STs should avoid professional relationships with people they already have or have had close personal relationships with, e.g., family members and friends.
 - 2. Where there is no reasonable alternative, such as a lack of availability of other professionals or the provision of a scope of care, after consulting the ISST Coordinator of Certification, the ST makes every effort to remain professional and objective while working with the individual.
- G. Duty of Care following termination of a professional relationship.
 - 1. STs should recognize that conflicts of interest and inequity of power may remain after professional relationships have terminated and that the professional responsibilities mentioned in this practice paper may still apply.
- H. Addressing a problem.
 - 1. If a ST finds that, due to unforeseen factors, a potentially harmful dual/multiple relationship has arisen, the ST takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.
- I. Terminating a relationship.
 - 1. A ST may determine that the best course of action in the case of a dual/multiple relationship is to discontinue providing therapeutic services to their client. In

this case, the ST manages the termination and referral process sensitively and responsibly.

J. Leadership roles.

1. When STs are in a position of power/leadership with individuals, they exercise caution and consider the potential issues which may arise from developing personal relationships.
2. It may be necessary to seek Supervision or Consultation to obtain appropriate counsel.

IV. Schema Therapists and Clients

Dual/multiple relationships in private practice and clinical settings.

A. STs develop dual/multiple relationships when:

1. A prior relationship with the therapeutic client was established.
2. When treating multiple members of the same family.
3. When consulting with a couple and meeting with each partner individually.
4. When referring existing clients to a group led or co-led by the ST.
5. When providing individual therapy to individuals who are part of a therapy group led by the ST.
6. When conferring with partners or friends of an existing client
7. When working within smaller communities, rural and remote settings.
 - a. The ST can evaluate the potential risk associated with a person receiving no therapeutic service as opposed to the potential risk of providing therapeutic benefit.

Dual/multiple relationships in the larger clinical or social community.

A. STs develop dual/multiple relationships when:

1. When a therapeutic relationship is established with clients who are professionally trained or employed as therapists, and who later transition to become colleagues or partners (i.e., as ST, co-authors on grants, publications, or books, policy development, and design, etc.).
2. When consultation is given to a school or other type of non-profit organization.
3. When consultation is given to a religious or spiritual organizations where the ST is a member or pastoral associate or where a family member of the ST is a member or pastoral associate.
4. When consultation is given to a social clubs, gym, or professional organization where the ST is also a member or where a family member of the ST is a member.

Dual/multiple relationships in the broader community.

A. STs develop dual/multiple relationships when:

1. When the ST maintains a concurrent relationship with another individual closely associated with or related to the person with whom the psychologist has a professional relationship.
2. When the ST promises 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 a professional relationship.

General guidelines when a ST cannot avoid dual/multiple relationships.

- A. Consider preparing an Informed Consent agreement that documents the nature of the dual/multiple relationship and procedures for maintaining professional boundaries and confidentiality.
- B. Discuss and document in the informed consent agreement how the ST will handle encounters outside of the office setting.
- 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, each person in the couple, family, or group, documenting any pertinent issues.
- E. Consult with a senior clinician with knowledge and understanding of the situation and context to clarify and support the existence of the dual/multiple relationships and document the discussion and any conclusions reached.

Guidelines for the ST specific to couples and families.

- A. Document in the Informed Consent or Practice Agreement who is the client and how confidentiality shall be maintained.
- B. Clarify in the Informed Consent agreement the nature of the ST's relationship with each person.
- C. Clarify in the Informed Consent agreement that the ST will not hold a potentially conflicting role such as therapist and witness for one party in the case of a divorce or family court proceedings.
 - 1. If the ST is called upon to assume such a role, the ST takes reasonable steps to abstain or withdraw from this role.

Guidelines for the ST specific to group therapy.

- A. Prepare an Informed Consent agreement that 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. STs should clarify in the Informed Consent agreement that the ST may assess individuals at the beginning of the group, at regular intervals, and while receiving group therapy.

Guidelines for the ST specific to rural and remote settings.

- A. Document reasons 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 limits for “informal consultations” outside the therapeutic relationship.
- D. Document any other concerns regarding dual/multiple relationships.

V. Schema Therapists and Supervision

Schema Therapy Supervision is a position of multiple roles and may include clinical Supervision, consultation, mentoring, and coaching.

- A. Supervision may occur whilst engaged in a placement/work setting, tutorials, and peer support.
 - 1. When addressing issues of under-developed clinical competency, those working in independent practice or the absence of service-based-Supervision, are strongly encouraged to seek Supervision or consultation with an appropriately qualified and experienced ST.
 - 2. Peer supervision (individual or group) is another source of collegial support and guidance.
- B. Supervision may occur in one-to-one Supervision, group supervision (facilitated or non-facilitated), peer supervision, face-to-face or virtual.
- C. Supervision may also occur in a clinical, hospital, or organizational setting.
- D. STs may select a Supervisor depending on their clinical orientation, preferred supervisory style, nature, and personal and professional needs.
- E. STs may consult with an experienced colleague outside their professional specialty or organization.
- F. Both the ST providing Supervision and the ST receiving Supervision maintain awareness of the power imbalance in the relationship, even between peers.

Other Dual relationships for ST in Supervision.

- A. STs can also develop dual/multiple relationships when:
 - 1. A former client who is also a therapist wishes to attend a workshop or training offered by the ST, and they have engaged in therapy from the ST in the past or terminated the therapeutic relationship.
 - 2. A Supervisee wishes to attend training and Supervision offered by the ST Supervisor in an additional area of clinical competency.
 - 3. A Supervisee receives Supervision from a ST and participates in a group that is either led or co-led by the same ST.
- B. A Supervisee is invited by the ST Supervisor to co-author a paper for publication or to present at a workshop or conference.
- C. The Supervisee is a colleague of the Supervisor and collaborates in organizational policy development and design.

Guidelines for STs concerning dual/multiple Relationships.

- A. Recommendations for STs:
 - 1. Discuss and document the nature of the ST Supervisor-Supervisee dual/multiple relationship, the power imbalance, boundaries, and confidentiality.
 - 2. Agree and document how the ST Supervisor-Supervisee encounters outside of the supervision setting will be handled.
 - 3. Agree and document strategies between the ST-Supervisee for monitoring and responding to boundary issues as they arise.
 - 4. Agree and document that Schema Therapy Supervision is not therapy.
 - 5. Agree and document that if the Supervisee becomes triggered during the clinical or supervisory process, and the Supervisor recognizes 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.

- a. Experiential work between the ST Supervisor and Supervisee may be advised.
 - b. Clinical intervention between the ST Supervisor and Supervisee can range between 10%-15% when the Supervisee is working towards Advanced Certification.
 - c. If the Supervisee's Schema activation requires more extensive intervention and the Supervisee is reluctant to work with the Supervisor, the Supervisor may encourage the Supervisee to address the issues in individual therapy outside of Supervision.
 - d. After clarifying the therapeutic issues, agree and document that the Supervisee will consult with the recommended ST, a ST of the Supervisee's choosing, or a clinician who practices outside of ISST and can expertly address the therapeutic issue.
6. Agree and document that the relationship between the Supervisee-Supervisor is informative and reflective.
 7. The ST Supervisor can provide regular informative clinical feedback to the Supervisee, striving to motivate them to reflect on their clinical practice, continue their self-assessment process, and strive to improve self-awareness.

VI. The Role of Professional and Legislative Guidelines

- A. When conflicts arise between the *ISST Policy and Principles Concerning Dual/Multiple Relationships*, and one's national legislative and professional policies, **the ST should adhere to one's national legislative and professional guidelines.**