



# INTERNATIONAL SOCIETY OF SCHEMA THERAPY

## ETHICS AND CONFLICT RESOLUTION COMMITTEE

### CODE OF CONDUCT

*Approved by the Executive Board May 2021*

#### **Introduction**

ISST promotes ethical attitudes and conduct and holds high standards for clinical and professional judgements on the part of its members. The Code of Conduct does not intend to provide an answer to every ethical consideration but offers a framework intended to guide **all** members of the Society in standards of professional conduct in their work with individuals and organisations. This includes Honorary Members, Full Members, Associate Members and Supporting members. The Code of Conduct also outlines what the public should expect from Schema Therapists (STs) who are ISST members.

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

The standards set out in this document are not designed to form a basis of civil liability but all members need to be knowledgeable about any legal and regulatory requirements relevant to the particular context and country in which they work. Furthermore, this Code of Conduct is meant to be used in conjunction with advice and guidance about good practice and the ethical codes or principles issued by STs' professional body and/or employer.

The Code of Conduct is not exhaustive and is presented broadly to apply to **all** STs working with different clients/patients, caregivers and other professionals in a variety of different settings.

This Code of Conduct will be used as a point of reference by the ISST, in considering what action to take when a concern is expressed to the ISST about a member's behaviour.

Four main principles underpin the Code of Conduct: (I) Respect; (II) Competence; (III) Integrity; and (IV) Responsibility. Under each principle we list issues and considerations that STs should be aware of and apply 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, professional disciplines, regardless of perceived or real differences in social status, ethnicity, culture, religion, gender, gender identity, capacities, or any other such group-based characteristics. STs need to be sensitive to biases based on these factors, and not knowingly participate in or condone activities of others based upon such prejudices.

STs need to be sensitive to issues of power or influence particularly with anyone whose vulnerabilities would preclude autonomous decision making.

**Respect is shown by:**

- A. Valuing everyone as unique.
- B. Treating clients/patients with compassion, communicating politely and clearly, always taking their needs and wishes into account and ensuring to protect their rights and welfare.
- C. Working collaboratively with clients/patients and caregivers in decisions involving their treatment or other services provided.
- D. Obtaining informed consent.
  - 1. For the purpose of assessment, therapy, supervision, consultation and research except when conducting such activities without consent is mandated by law or institutional regulations.
  - 2. From a legally authorized person on behalf of someone who is considered legal incapable of independent decision making.
  - 3. When the courts order STs services in the assessment or treatment of an individual, STs must clarify any limits of confidentiality, before proceeding.
  - 4. Documenting written or oral consent including signatures of all individuals involved.
- E. Protecting Confidentiality.
  - 1. All information about clients/patients, trainees, supervisees research participants, organisations or any other recipients with whom STs have established a professional relationship must be treated as confidential.
  - 2. The extent and limits of confidentiality may be regulated by law, institutions or employing organisations.
  - 3. Issues of confidentiality and its limits and use of information obtained must be discussed at the start of the professional relationship and whenever there is a change in circumstances which necessitates a review of confidentiality agreements.
  - 4. Limits of confidentiality when information is transmitted electronically must be discussed.
  - 5. Written or verbal communication must only include information relevant to the purposes of the communication.
  - 6. Informed consent from the individual or, where appropriate, their legal representative must be obtained before disclosing any confidential information unless it is required by law because protection of the individual or public safety are of concern.
- F. Recording.
 

Before audio/video recording individuals to whom they provide services, STs must provide a clear explanation about the use of the recording and obtain written permission from all individuals or their legal representatives. STs must also follow best practices regarding security and privacy when sharing recordings electronically.
- G. Consultancy/Supervision.
  - 1. When consulting with colleagues including supervisors/supervisees, Schema Therapists disclose information only to the extent necessary to achieve the purposes of the consultation/supervision.

2. Supervisors are bound by confidentiality regulations thus ensuring the information exchanged during the Consultancy/Supervision remains confidential.

#### H. Use of Confidential information for Didactic or Other Purposes.

STs do not disclose in their writings, lectures, or other public media, confidential, personally identifiable information concerning their clients, trainees/supervisees, research participants, organizational clients, or other recipients of their services that they obtained during their work, unless:

- a. They anonymize the individual or organization,
- b. They have obtained a signed consent from the person or organization, or
- c. It is authorized by law.

## II. Competence

STs, whether practitioner, researcher, trainer/supervisor or in training, may offer a range of services that require specialist knowledge, training, skill and experience. Competence refers to their ability to provide those specific services to a requisite professional standard. **STs should, therefore, be aware of the following:**

- A. STs work within their competence and should not provide professional services that are outside their areas of knowledge, skill, training, and experience.
- B. STs planning to provide services, teach, or conduct research involving populations, areas, techniques, or technologies new to them undertake relevant education, training, supervised experience, consultation, or study.
- C. STs in forensic roles are or become reasonably familiar with the judicial or administrative rules governing their roles.
- D. STs maintain and develop their knowledge and skills through continuing professional development.
- E. STs collaborate with colleagues and/or refer a client to another practitioner if the care, treatment, or any other services the client needs are beyond their scope of practice.
- F. STs delegate work only to someone who has the knowledge, skills and experience needed to carry it out safely and effectively and provide appropriate supervision and support to those the work is delegated to. STs try to avoid delegating such work to professionals who have a multiple relationship with the recipients of their services as it could potentially lead to exploitation or impaired objectivity.
- G. STs limit their work or stop practising if their physical or mental health, personal problems or conflicts affects their performance, competence, judgement or puts others at risk.
- H. STs take every precaution to make sure that their potential biases, the boundaries of their competence and expertise do not lead to or condone unjust practices.
- I. STs are expected to adhere to the following record keeping principles:
  1. Keep full and accurate records for everyone they treat, or provide other services to, including research.
  2. Complete all records as soon as possible after providing treatment or other services.

3. Keep records secure to avoid or minimize loss, damage or inappropriate access.
4. Record decision processes when dealing with a particularly challenging clinical or ethical issue so that it is available if that decision is reviewed in the future.
5. Comply with the relevant law or institutional regulations on record keeping.
6. Ensure confidentiality is maintained when creating, disseminating, transferring, and disposing of all records of clinical, professional, and scientific work under their control, whether these are written, audio/video recorded, or in any other medium.

### III. Integrity

STs promote integrity in all facets of their professional and scientific endeavours. Acting with integrity means setting self-interest to one side and being honest, open, accurate, objective, fair and consistent in one's actions, words, decisions, and methods, not cheating or engaging in fraud, subterfuge, or intentional misrepresentation of fact. **In applying these values, STs must consider:**

- A. Being honest about any known risks associated with the services provided and how best to work towards their clients'/patients' goals by appraising them of any benefits, costs and commitments involved.
- B. Clarifying their qualifications, experience and working methods accurately.
- C. Maintaining personal and professional boundaries.
- D. Monitoring how clients/patients experience their work together.
- E. Being honest and transparent when something has gone wrong with 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 something has gone wrong and quickly take action to limit or repair any harm.
  2. Apologising.
  3. Ensuring that clients/patients or, or where appropriate, their caregivers or legal representatives, supervisees and trainees receive a prompt and full explanation of what has occurred and any likely consequences.
- F. Reviewing their work with clients through regular supervision.
- G. Declaring any areas of potential conflict of interest or issues that may influence their judgement.
- H. Taking responsibility to report concerns about safety by
  1. Supporting clients/patients and caregivers, supervisees, trainees and colleagues who want to raise concerns about the care, treatment or other services they have received.
  2. Following up on concerns they have reported.
  3. Reporting any concerns about the safety of clients/patients promptly and appropriately.
  4. Making sure that the safety and well-being of clients/patients always comes before any professional or other loyalties.

5. Taking appropriate action where there are concerns about the safety or well-being of children, vulnerable adults or the general public.
  6. Supporting and encouraging others to report concerns and not prevent anyone from raising concerns.
- I. Advertising.
1. When making public statements or advertising in print, via internet or any other medium, STs are expected to avoid making misleading, false, or fraudulent statements about:
    - a. Training, skills, and experience, academic degrees and other qualifications or credentials,
    - b. Institutional or association affiliation,
    - c. Services,
    - d. Description of workshops and any other educational programs they intend to offer,
    - e. Scientific or clinical basis for, or results or degree of success of, their service,
    - f. Publications or research findings, or
    - g. Fees.
  2. ST's need to take responsibility for any public statements made by individuals they have engaged, be it paid or unpaid, to promote their professional services.
  3. ST's need to avoid requesting testimonials or business from current or potential clients/patients or any 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 managed properly by upholding professional standards of conduct, clarifying their professional roles and obligations, and practising lawfully, safely, and effectively. **In applying these values, the following must be considered, with respect to declaring important information about conduct and competence:**

- A. All members of the ISST.
1. Must abide by the Ethical codes and codes of conduct of the Professional bodies to which they belong.
  2. Must inform the ISST of any change in their professional status that might impact on their right to membership in the ISST (e.g., moving to another country where they are not licensed to practice).
  3. Must inform the ISST as soon as possible if:
    - a. They are found guilty of malpractice or incompetence by the professional body that regulates their professional practice.
    - b. They have been suspended or dismissed by an employer due to concerns about conduct or competence.

- c. They have been cautioned by the police, charged with or found guilty of a criminal offence.
  - 4. If any of the situations listed above under 3) occur, to cooperate with the relevant committees in any investigation into their conduct or competence.
- B. Conflict of Interest.
- STs do not take on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could:
- 1. Lead to loss of objectivity and impair their competence in carrying out their work, or
  - 2. Cause harm or exploitation to the individuals or organizations to whom they are providing services.
- C. Multiple Relationships. This is covered in a separate document: *ISST Policy & Principles with Respect to Dual/Multiple Relationships*.
- D. Discrimination.
- STs do not engage in any form of discrimination or harassment of individuals they interact with in their work-related activities based on age, gender, gender identity, sexual orientation, disability, race, culture, nationality, religion, or socioeconomic status.
- E. Avoiding Harm & Exploitation.
- 1. STs refrain from acting in a way that could harm their clients/patients, supervisees, research participants, and all others with whom they work.
  - 2. STs ensure they do not participate in, facilitate, assist, or otherwise engage in physical or mental torture, or in any other cruel, inhuman, abusive or humiliating behaviour towards any individual they work with.
  - 3. STs manage and attempt to minimise any identified risk of harm to clients/patients, caregivers, colleagues as far as possible.
  - 4. STs take steps not to exploit individuals over whom they have supervisory, evaluative or other authority such as clients/patients, trainees, supervisees, research participants, and employees. (See also Dual/multiple Relationships Guidelines).
- F. Harassment.
- 1. Sexual: STs do not engage in sexual advances, verbal or nonverbal behaviour of a sexual nature, during the course of their professional activities.
  - 2. Other: STs do not behave in a way that is harassing or degrading towards all individuals they interact with in their work regardless of those individuals' age, gender, gender identity, sexual orientation, race, ethnicity, nationality, religion, disability, language, or socioeconomic status.
- G. Third-Party Requests for Services.
- Following agreement to provide services to a person or group/organisation at the request of a third party, STs aim to:
- 1. Clarify their role (e.g. therapist, consultant, or expert witness),
  - 2. Who the client is (e.g. individuals or organisations),
  - 3. How information and services will be used, and

4. The limits, if any, of confidentiality.

H. Cooperation with Other Professionals.

STs are expected to consult with, refer to, or cooperate with other professionals, institutions, and organizations whenever it is in the best interest of those with whom they work.

I. Psychological Services Delivered to or through Organizations.

1. STs delivering services to or through organizations provide information beforehand to those directly affected by the services about:

- a. The nature and objectives of the services,
- b. The intended recipients,
- c. Determining which of the individuals are clients/patients,
- d. The relationship the ST will have with each person within the organization and the organization itself,
- e. The probable uses of services provided and information obtained,
- f. The probable uses of services provided and information obtained,
- g. Who will have access to the information, and
- h. Limits of confidentiality.

2. As soon as feasible, the STs will provide information about the results and conclusions of such services.

3. STs inform individuals or organisations at the outset if they are not permitted to provide such information by law or institutional regulations.

J. Break in Services.

In the event that STs services are interrupted by illness, relocation, or retirement or by the client's/supervisee's relocation or financial constraints, STs endeavour to facilitate alternative services unless otherwise stated in their contract.

K. Ethical Issues to be considered on an ongoing basis.\*

STs take reasonable steps to:

1. Resolve actual or potential conflicts between their responsibilities, practice, and the law, organizational demands or regulations,
2. Correct any misuse or misrepresentation of their work,
3. Seek to resolve any violation of standards and ethical principles by a colleague; informally at first, and then requesting a formal investigation if informal resolution is not appropriate or possible by the professional organization or relevant institutional authority,
4. Not file complaints where there is a lack of sufficient evidence to prove or disprove the allegation,
5. Attempt not to discriminate unfairly against complainants and respondents in matters of employment and promotion unless the outcome of the complaint investigation necessitates taking action, or considering other relevant information, and
6. Cooperate with relevant committees investigating the complaint.

\* This list is not exhaustive but represents the main points of immediate relevance to the Code of Conduct outlined in this document.

**ISST Ethics and Conflict Resolution Committee, February 9<sup>th</sup>, 2021**