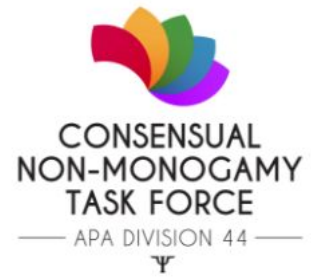


## Consensual Non-monogamy Inclusive Clinical Practices Tool

This tool was created by the [APA Division 44 Consensual Non-monogamy Task Force](#) to highlight inclusive clinical practices and procedures for working with people engaged in consensual non-monogamy (CNM), a relationship arrangement in which all partners involved consent to extradyadic sexual and/or romantic relationships. This includes but are not limited to: people who practice polyamory, open relationships, swinging, relationship anarchy and other types of ethical non-monogamous relationships.



Organizations such as the American Psychological Association have approved [professional practice guidelines](#) in areas such as [multicultural practice](#) and working with [lesbian, gay, and bisexual clients](#). The Human Rights Campaign also has created the [Healthcare Equality Index](#), a tool that evaluates healthcare facilities' policies and practices related to the equity and inclusion of their LGBTQ patients, visitors, and employees. This document is intended to expand this work for individuals engaged in consensual non-monogamy, and is separated into three sections. For additional background, please consult [Schechinger, Sakaluk, & Moors, \(2018\)](#) and [Vaughan, Jones, Taylor, & Roush, \(2019\)](#).

### Mental Health: Individual

1. **Proactive education:** Are you seeking relevant information about consensual non-monogamy on your own to avoid requiring a client to educate you in session?
2. **Assuming monogamy:** When discussing past or current relationships, are you being mindful to avoid assuming clients are monogamous? Do you ask if clients identify as monogamous/CNM and/or if a relationship is open or closed when it is unclear? Do you intentionally normalize the desire for multiple sexual and/or romantic partners when relevant topics are discussed?
3. **Biased or judgmental:** Are you being mindful to avoid coming across as having a favorable bias toward traditional/monogamous relationships and/or portraying concern or judgment (verbal or nonverbal) toward consensual forms of non-monogamy? Are you practicing in a way that affirms monogamy and consensual non-monogamy as equally viable options? Are you introducing consensual non-monogamy as a viable option in relevant cases?
4. **Blaming non-monogamy:** Are you refraining from making suggestions or giving indications that consensual non-monogamy is the cause or symptom of the client's presenting concern(s)?
5. **Internalized CNM negativity:** Are you assessing for potential internalized CNM negativity your client(s) may hold? Are you normalizing the desire for multi-partner relationships when a client expresses internalized judgment for being inclined toward CNM?
6. **Contextualized case conceptualization:** Does your case conceptualization account for how societal stigma toward consensual non-monogamy may be causing and/or amplifying a client's distress? Does your case conceptualization and/or treatment planning include exploring diverse relationship structures (in relevant cases)?
7. **Inclusive language:** Do you use CNM-inclusive language (e.g., partner or partners) by default and avoid mono-centric terms (e.g., couple, spouse, husband, wife) unless the client uses these terms first? Does your website make it clear that you are CNM-affirming?
8. **Visible signals and symbols:** Does your website clarify that you're CNM-affirming? Are there symbols (e.g., relationship anarchy symbol, polyamory pride flag, infinity heart symbol) in your office to indicate that it is a CNM-affirming space? When discussing past or current relationships do you intentionally clarify support of all consensual relationship structures?
9. **Clarifying agreements & terms:** When discussing past or current relationships with all clients are you asking about relationship agreements and preferred relationship terms?
10. **Affairs:** Are you mindful to direct the focus away from shaming sexual behavior and/or normalizing the desire for multiple partners when addressing relationship agreement violations? Are you open to seeing clients who are currently engaged in relationship agreement violations?
11. **Pressure:** Are you avoiding putting pressure (explicit or implicit) on your clients to come out or end a consensually non-monogamous relationship?
12. **Questions about sex:** Are you making sure your questions about sexual activities are clinically relevant?

## Mental Health: Institution

1. **Groups:** Do you offer support group(s) that assists individuals in the process of exploring, acknowledging, navigating, and/or coming out about consensual non-monogamy?
2. **Individual therapy:** Do you offer CNM-affirming individual counseling services, with a staff that is knowledgeable of the needs and experiences of these identities and their related concerns?
3. **Inclusive forms & website:** Do you offer the option to self-identify relationship style on intake/demographic forms? Are your office documents and website explicitly inclusive of consensual non-monogamy (e.g., mentioning CNM in your non-discrimination statement, using “partner(s)” instead of “spouse”)?
4. **Affirming setting & structure:** Do you have enough space/chairs to accommodate multiple partners? Are you able to offer longer appointments when working with more than two partners (similar to how you might for families)?
5. **Annual trainings:** Do you provide annual training for staff to increase their awareness of and sensitivity to the needs of the consensual non-monogamy community?
6. **Recruitment:** Do you actively seek to recruit consensually non-monogamous staff, similar to other targeted populations (e.g., staff of color, LGBT staff, international staff)?
7. **Educational programs:** Do you offer specific awareness and educational programs for consensual non-monogamy populations (e.g., healthy multi-partner relationships, exploring CNM, coming out as CNM, opening a relationship, coping with CNM stigma, or raising children in a CNM household)?

## Medical Settings

1. **Sexual health resources:** Do you actively distribute condoms, dental dams, and information on HIV/STI services and resources?
2. **STI testing access:** Do you offer free, anonymous, easily accessible, and comprehensive HIV/STI testing on a regular basis?
3. **Partner access:** Does your system make it easy for patients to share their STI results with their partner(s)?
4. **Inclusive forms** Do you ask about relationship structure on your intake and sexual health forms? Do you offer the option to designate more than one emergency contact on intake/demographic forms? Are your sexual health and STI screening/self-testing materials CNM-inclusive (e.g., are sex positive and promote risk-informed sexual practices as opposed to promoting monogamy)?
5. **Inclusive protocols:** Have you reviewed your STI testing protocols/recommendations (that may be normed for monogamous populations) for any ways they may put the consensually non-monogamous population at risk (e.g., only offering HPV vaccinations to those under 26, barriers to routine STI testing)? Do you recognize multiple, non-legal “spouses” in health care decisions? Do you permit multiple partners to be present with your patients?
6. **Sex-positive evaluations:** Are you/your staff portraying open, affirming attitude towards sex and sexuality when discussing sexual practices with your patients? Are you/your staff being mindful to be avoid judgmental and affirming toward patients with multiple partners when engaging with them about sexual health and wellbeing?
7. **Education:** Do you train your staff on how to conduct sex-positive, CNM-affirming, sexual screening risk evaluations?