THE C.G. JUNG INSTITUTE
OF SAN FRANCISCO

PROFESSIONAL GUIDELINES
(Nov, 2025 revision)

These *Professional Guidelines* are intended to stimulate consciousness and consideration of some issues that are not included in the *Ethical Standards,* but are also of importance in the an ethical and professional practice for analysts and therapists associated with the C.G. Jung Institute of San Francisco. These *Guidelines* are not exhaustive, either in raising all the important additional issues or in fully exploring the ones mentioned. Concerns, problems, or grievances in areas such as those described in these *Guidelines* sometimes will benefit from consultation. (Institute *adjudication* of alleged ethical violations is limited to violations listed in the *Ethical Standards*.)

1. Code of Conduct For Analysts of the C.G. Jung Institute of San Francisco
    a. We strive to benefit those with whom we work and take care to do no harm.
    b. Seek to safeguard the welfare and rights of those with whom we work.
    c. Strive to establish relationships of trust with those with whom we work.
    d. Strive to take an ethical attitude to our interactions with colleagues.
    e. Strive to be aware of the impact of our behavior on others.
    f. When conflicts occur, attempt to resolve these conflicts in a responsible way that avoids or minimizes harm.
    g. Uphold professional standards of conduct, accepting appropriate responsibility for our behavior.
    h. Consult with other professionals of institutions when necessary or seek mediation.
    i. We recognize that much of this code might seem obvious. We believe that we all know how to behave responsibly with each other. But we recognize also, that we all get caught in complexes, and are capable of becoming reactive and possibly cause harm. A basic code of conduct might be containing for us.

2. Professional and legal matters
    a. Professional competence and conduct issues:
        i. "Professional competence:" has to do with practicing within one's areas of expertise and competence, and with considering the possibility of additional training and/or consultation when beginning to practice in unfamiliar areas (e.g., working with children or using sandplay).
        ii. "Professional conduct" has to do with conducting oneself in a manner that is consistent with one's professional role. It includes respectful treatment of analysands, supervisees, consultees, students, etc. It also includes consciousness of the real and symbolic implications of such issues as physical contact, the giving and receiving of gifts, prescribing or referring for

medication, setting and raising of fees, and other changes in the frame of analysis.

iii. It is important to consider whether one's professional function might be impaired during times of personal misfortune or turmoil. (Note: Impaired practitioner issues are included in the *Ethical Standards*.)

b. When Institute analysts or therapists have concerns about their practice, they might consider consulting with other analysts outside of a judging or committee context. The PSC, of course, is also available for consultation.

c. Committee consultation — when Institute committees have ethical or professional questions, it is recommended that they consider seeking help from the appropriate Institute entities, which may include the Professional Standards Committee.

d. It is our obligation to take reasonable steps to avoid harming our patients or clients, research participants, students, colleagues, and others with whom we work, and to minimize harm where it is foreseeable and unavoidable.

e. It is important to be conscious in areas such as record keeping and storage, coverage during absence or illness, retirement from practice, and professional wills.

f. Analysts and therapists are expected to cooperate with the Professional Standards Committee.

3. <u>Relationships with patients/clients</u>

a. When information is given by patients about unethical behavior by another professional, concern for the welfare of the patient must be primary in deciding with sensitivity and responsiveness how to deal with such information.

b. We should exercise consciousness about what constitutes informed consent by the patient in material used for publication or teaching.

c. It is important to show respect for diverse political, cultural, religious, and psychological attitudes of patients, and for diversity in race, gender, and sexual orientation.

d. In navigating the termination process it would be helpful if the patient carried away as little "unfinished business" as possible and could feel free to return to analysis or therapy with oneself or with another practitioner if that becomes necessary.

e. Given that some degree of transference is almost always present when considering any relationship with a former patient, one should be mindful of the possibility of exploitation, and in cases of doubt consultation should be considered. The emphasis here is on possible *exploitation*. (Note that exploitation of dual relationships with *current* patients is included in the *Ethical Standards*.)

4. <u>Relationships with students, supervisees, consultees, and control analysts</u>

a. Once a teaching, consulting, or supervising relationship is technically over, it cannot be assumed that all projections, transferences, and feelings about unequal power will automatically vanish, or that one's professional responsibility has ended. Pursuing a sexual relationship with a former student, supervisee, consultee, or control analysand has to be held and evaluated in the light of these dynamics and responsibilities.

(Note: Sexual relationships with *current* students etc. are included in the *Ethical Standards*.)

5. Intra-Institute relationships. It is important to be aware of boundaries within the Institute, especially as they relate to our analysis, consultation, and teaching with each other. Dual relationships and conflicts of interest are the most obvious. We need both to recognize the reality that we all have dual relationships and conflicts of interest within the Institute, and to be conscious therefore that we have a special responsibility in the Institute to exercise particular caution in these areas. Some specific examples follow:
    a. It is the responsibility of the analyst to safeguard the boundaries when there are real or potential dual relationships or conflicts of interest. This relates, for example, to social and professional contact by analysts or control analysts with patients or their families, or sitting together with patients or control analysands on Institute committees. Caution would dictate that certain overlaps would ordinarily simply be avoided, such as an analyst leading a candidates' process group or case conference group that includes an analysand of that analyst.
6. Inter-professional relationships
    a. It is important to respect the traditions and professional orientations of colleagues as well as their ethnic backgrounds.
    b. When one is contacted by a patient who is already in analysis or therapy, one should exercise caution and sensitivity for the needs of the patient, combined with respect for the existing therapeutic relationship. In most cases, it is hoped that the patient will end the previous therapeutic relationship before one takes him or her into one's practice.
    c. One has the painful responsibility to address unprofessional or possibly unethical behavior or impairment of a colleague, when possible by talking with the person, with other colleagues, and/or with the PSC.
7. Representations of Training and Credentials. Each of us has a responsibility to represent accurately his or her own training and credentials when advertising our clinical practices. As therapists we are committed to the primary concern of serving the well-being of our clients and patients. Advertising promotes our self-interest. For this reason it is important that we approach advertising with the same care, thoughtfulness and caution that we employ in our clinical work. The economic realities of our practices are held in careful consideration with the unknown vulnerabilities of potential clients and patients who may see our advertisements and public profile. The following guidelines speak first to the need for accurate self-representation regarding our education, skills and credentials in all advertising. Second, the guidelines ask for our mindful awareness of advertising material which may lead members of the public to infer unrealistically that we possess superior clinical skills or hold exceptional status within our own community, or within the larger therapy world.

    a. Public listings, statements, and advertising.
        i. Members and candidates list the degree under which they are licensed to practice as well as the associated license number. This information is now listed in the Institute roster and website as well.
        ii. Members and candidates take reasonable steps to ascertain that the depiction of

their degrees and licensure is accurate in print and online, as well as an Institute-generated material.

b. It is important that members and candidates consider carefully representing their credentials, skills, and experiences in ways that avoid unrealistically implying superior skills or special standing within our community.
    i. When employing fictitious business names it is important to be conscious to avoid implying any claim of exclusivity, superior training, or credentials.
    ii. Years of experience being an analyst, when disclosed, should be carefully and accurately reported. Blending pre-certification years with post-certification years has the potential to be misleading.
    iii. It is important for members and candidates to be cautious and making claims regarding the likelihood of particular treatment outcomes as a result of any specific technique, or it's relative merits compared with other forms of treatment.
    iv. The question of the solicitation of testimonials bears careful consideration. Members and candidates do not solicit testimonials from clients, because they are vulnerable to undue influence. Caution is recommended when soliciting testimonials from colleagues for the purposes of promotion or advertising.
    v. As a community of Jungians we have refrained from status distinctions such as: training analyst, faculty member, lecturer, supervising analyst, senior analyst, etc. One is simply an "analyst" or a "candidate". Members and candidates may wish to indicate interest or skills as demonstrated by contributions they have made or continue to make to our community, such as being involved in teaching, training committee work, etc. Yet careful thought should be given to any disclosures regarding specific positions or roles. Such statements may be construed unrealistically to imply superior clinical skills or special stature recognized within our community.