

# Common Topics Addressed in Therapy:

- Boundary setting and communication
- Consent and hierarchy in relationships
- Coping with envy or jealousy
- Integrating and transitioning relationships
- Creating and adjusting relationship agreements
- Time management and scheduling
- Transitioning to CNM from monogamy
- Navigating parenting responsibilities with multiple partners
- Disclosure about being non-monogamous
- Disapproval from family and friends
- Coping with stigma and judgment
- Lack of legal protection for CNM
- Discrimination (e.g., employment, housing, custody)
- Safer sex considerations
- Relating to a partner's other lovers
- Finding resources and support

for *more*  
information

For more information, consult resources of the American Psychological Association Division 44 Consensual Non-monogamy Task Force:

<https://www.div44cnm.org/resources>

For additional background, please consult Schechinger, Sakaluk, & Moors, (2018) and Vaughan, Jones, Taylor, & Roush, (2019).



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Relationship Diversity Petition:  
<http://bit.ly/Div44CNMpetition>



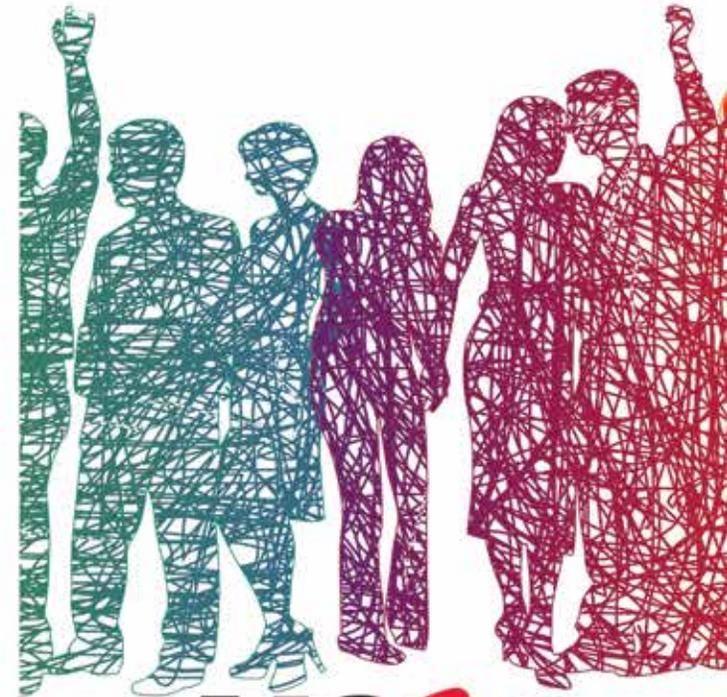
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CONSENSUAL  
NON-MONO GAMY  
TASK FORCE  
APA DIVISION 44  
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## Consensual Non-monogamy for Mental Health Professionals



# Defining CNM:

Consensual Non-monogamy (CNM) is defined as a relationship arrangement in which each participant gives informed consent to simultaneous, multiple intimate, romantic, and/or sexual relationships. These arrangements can include polyamory, open relationships, swinging, and relationship anarchy. Some people may desire and/or identify with CNM, but not engage in it.

Those exploring or practicing CNM are often stereotyped and face stigma by healthcare providers (Schechinger, Sakaluk, & Moors, 2018; Vaughan et al., 2019). One in seven people who engage in consensual non-monogamy report discrimination from a mental healthcare provider (Witherspoon, 2018).

The American Psychological Association has approved professional practice guidelines in areas such as multicultural practice (APA, 2017) and working with lesbian, gay, bisexual, and transgender clients (APA, 2012; 2015). Research is being conducted to expand this work for individuals engaged in consensual non-monogamy.

*Be aware of cultural differences and strive to recognize how consensual non-monogamy intersects with your clients' other demographics/identities, including sexual identity and expression (including kink), gender identity and expression, race, ethnicity, nationality, socioeconomic status, religion/spirituality, ability/disability status, and age.*



## Recommendations for supporting CNM therapy clients:

- **Education:** Look up information about CNM rather than using time in session.
- **Avoid assuming monogamy:** Being *married* or *partnered* does not equate to monogamy.
- **Acknowledge stigma:** This may be causing/amplifying distress.
- **Avoid blaming CNM:** Stress from societal stigma may be causing the problem.
- **Use inclusive language:** Ask about preferred language (i.e., *partner(s)*, *spouse*, etc.).
- **Clarify agreements and terms:** Ask, don't assume; all relationships are unique.
- **Signal CNM affirmation:** With statements and CNM symbols.
- **Ask about relationship style:** On forms and intake to avoid mislabeling.
- **Judgment and bias:** Avoid judgment, recommending a traditional relationship, or pressuring clients to disclose CNM status or end a relationship on the basis of it being CNM.

## Institution/systems-related recommendations:

- **Inclusive forms and website:** Offer the option to self-identify relationship style on intake and any demographic forms. Be explicitly affirming toward CNM on office documents, non-discrimination statement, and website.
- **Affirming setting and structure:** Provide ample space and chairs for multiple partners. Longer appointments may also be needed.
- **Offer CNM support group(s):** Topics can include exploring, acknowledging, navigating, and/or coming out about consensual non-monogamy.
- **Training and Education:** Provide annual training for staff about consensual non-monogamy.
- **Recruitment:** Actively recruit staff who are CNM-affirming or CNM-identified.
- **Offer educational programs:** Example topics can include exploring CNM, coming out as CNM, opening a relationship, coping with CNM stigma, raising children as a parent who is CNM.