INTERNATIONAL ASSOCIATION OF PSYCHOSEXUAL THERAPISTS

The Listserv

Guidelines, Terms of Use, and Moderation Policy

Approved by the Executive Board on September 8, 2026

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How to Read This Policy

This Policy has two kinds of text. The numbered provisions state what is required under this Policy, and they are binding. Their wording is deliberate: *must* states a requirement, *should* an expectation, and *may* a permission.

> ***Explanation.*** Blocks set out like this one are Explanations. They give the reasoning behind a provision, or the context needed to apply it.
>
> An Explanation is not binding and creates no obligation of its own. Where an Explanation appears to conflict with the provision it accompanies, the provision governs.

Provisions are cited by their numbering. III.B.2 is Part III, Section B, provision 2.

This Policy sits alongside the IAPST Code of Ethics and the Association's other membership policies. Where it differs from the Code of Ethics, the Code governs.

I. THE LISTSERV

1. **Purpose.** The IAPST Listserv is a space for professional dialogue among psychosexual therapists worldwide. It exists for clinical consultation, scholarly exchange, discussion of research and practice, and collegial support across an international and interdisciplinary membership.

2. **A Benefit of Membership.** Participation in the Listserv is a benefit of membership, not a right. Access is extended to members who are current and in good standing, on the terms set out in this Policy, and may be suspended or withdrawn under Part VII. Removal from the Listserv does not affect membership status or any other benefit.

3. **Agreement to These Terms.** Access requires agreement to this Policy. Members indicate agreement when they join, and no member is added to the Listserv before that agreement is recorded.

   a. The Association records which version of this Policy the member agreed to and the date of agreement.

   b. Members reconfirm their agreement at each annual membership renewal.

   c. Where this Policy is amended, VIII.2 governs.

II. WHAT TO POST

A. Welcome Content

1. **Scope.** Members are encouraged to post on any of the following:

   a. **Clinical consultation.** A de-identified case the member is thinking through, a presentation they have not encountered, or a treatment that has stalled. A crisis is not a precondition for asking.

   b. **Questions about method.** How others structure a first session, handle a particular assessment, approach psychoeducation on a specific topic, or manage the practical side of the work.

   c. **Research and literature.** A paper the member found useful, a finding they are unsure how to apply, or a request for sources. Members are welcome to share their own newly published work.

   d. **Ethical and professional questions.** Scope-of-practice puzzles, questions about the frame, and dilemmas where another clinician's thinking would help. A formal ethics matter goes to the Ethics Committee; the ordinary hard judgments of practice belong here.

e. **Requests for referral.** A patient moving to another country, needing a specialization the member does not offer, or requiring a language they do not speak.

f. **Cross-jurisdictional questions.** How a practice, regulation, or professional norm works in one country or another.

g. **Books, resources, and tools.** Books worth reading, assessment instruments and how they work in practice, handouts and patient-facing materials, and reading a member would put in a trainee's hands. Requests for recommendations are as welcome as recommendations.

h. **Beginning questions.** Members newly qualified, or newly moved into psychosexual work from another specialty, are encouraged to post.

> ***Explanation.*** The Listserv goes quiet when members assume their question is too small or their observation too obvious. Neither is usually true, and a question one member hesitates to ask is often one several others have.
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> Posts do not need to be polished. A clearly stated question is worth more here than a well-written one. A field that will not tolerate a beginner's question does not stay a field for long.

B. Collegial and Social Posts

1. **Permitted.** Congratulations, condolences, retirements, and other notes marking what happens in colleagues' lives are welcome and are not off-topic.

> ***Explanation.*** Professional networking has a way of becoming friendship, particularly in a field as small and as demanding as this one, and many members go years between seeing one another in person.

III. HOW MEMBERS WRITE TO ONE ANOTHER

A. Collegial Disagreement

1. **Disagreement Is Wanted.** Members are encouraged to state positions clearly, to question one another's reasoning, and to defend their own.

> ***Explanation.*** A professional community that only agrees with itself is not thinking, and psychosexual therapy is a field where thoughtful clinicians reach different conclusions about theory, method, evidence, and ethics.

2. **Manner.** Disagreement must stay directed at ideas. Members argue with the position rather than the person holding it, assume a colleague has reasons even where those reasons are not visible, and ask before concluding otherwise.
    a. Members practice in different countries, trained in different traditions, and work under different regulatory frameworks. Much apparent disagreement turns out to be context.

> ***Explanation.*** Members should write with the care they would use in a professional consultation. Tone is difficult to read in text, and a remark that would land as dry humor in person can read as contempt on a listserv. Where a message would benefit from being reread before sending, it should be reread.

B. Language

1. **Working Language.** The official language of the Association is English, and the Listserv is conducted in English. English is not a condition of membership.

> ***Explanation.*** This follows the convention of international scholarship, where English serves as the shared working language across a field whose participants speak many others. It is a practical choice about how an international membership reaches one another in a single forum, not a statement about whose scholarship or clinical work counts.

2. **Reading Generously.** Many members write in a second or third language. Brevity, directness, or an unusual turn of phrase is far more often a feature of writing in another language than a sign of rudeness. Members should consider language before intent and ask rather than assume.
    a. Members writing in English as an additional language are not expected to apologize for it. Clear thinking matters more here than idiom.

C. Terminology

1. **Patient.** The Association uses the term patient rather than client in its publications, policies, and communications, and asks members to do the same on the Listserv. Where members describe individuals taking part in research rather than receiving treatment, participant is the appropriate term.

> ***Explanation.*** Psychosexual therapy is health care, and the term used across the rest of contemporary health care says so.
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> This is a matter of shared professional language within the Association's own forums, not a judgment about any member's training, practice setting, or standing in the Association. Members whose settings or national bodies use other conventions continue to use whatever their work calls for elsewhere.

IV. CLINICAL DISCUSSION AND CONFIDENTIALITY

A. Clinical Discussion Across Jurisdictions

1. **Scope of Discussion.** The Listserv welcomes discussion of the full range of clinical approaches, treatment models, ethical questions, and emerging issues in psychosexual therapy, including approaches that are contested, unsettled, or unavailable in some jurisdictions.

2. **Practices Prohibited Elsewhere.** Members must not recommend a practice prohibited in another member's jurisdiction in case discussion, suggest it for a particular patient, or advise a colleague to provide, participate in, or refer for it. This applies to every member regardless of where they practice.

3. **The Topic Remains Open.** The efficacy of such a practice, the evidence base, the ethical arguments for and against, questions of boundaries and safeguards, how different jurisdictions arrived at different positions, and whether a practice ought to be permitted where it is not, are all open, and members may take strong views.

> ***Explanation.*** The line is between discussing the question and giving advice to a particular colleague about a particular patient.
>
> Surrogate partner therapy illustrates the difficulty, because its legal and professional status varies among jurisdictions and may be unsettled. Some professional bodies distinguish between discussing the practice generally and arranging, facilitating, or recommending it for a particular patient. That distinction is why this provision is drawn where it is.
>
> Members must not assume that a practice permitted or professionally accepted in one jurisdiction is permitted in another. This Policy does not state the law or the professional standards of any jurisdiction, and nothing in it substitutes for a member's own legal and regulatory advice.

4. **Individual Responsibility.** Each member remains responsible for ensuring their own practice complies with the laws, regulations, licensing requirements, ethical codes, and professional standards of their own jurisdiction. Nothing posted on the Listserv is to be treated as clearance to act.

B. Patient Confidentiality

1. **De-identification.** All case discussion must be fully de-identified. Members must not post a patient's name, initials, contact details, employer, or any other identifying particular, and must take the same care with details that identify by combination rather than singly — an unusual occupation, a small community, a distinctive presentation, a date.
    a. Where a case cannot be described usefully without identifying features, the member describes it less specifically or brings it to supervision instead.
2. **Differing Standards.** Confidentiality obligations and standards for de-identification differ between jurisdictions. Where a member is unsure, they apply the more protective standard.

> ***Explanation.*** Reporting obligations also vary. Information shared for consultation may reach colleagues practicing under duties different from the poster's own. Members should consider this both when posting a case and when responding to one.

C. Confidentiality of the Listserv

1. **Within the Membership.** Posts must not be forwarded, republished, quoted, or reproduced outside the Listserv, including in screenshots, without permission.
    a. Where a thread involves more than one member, permission is required from every member whose words are reproduced.
    b. Patient material may not be reproduced outside the Listserv. The consent of the member who posted it is not sufficient, because the material is not theirs to release.
    c. Nothing in this provision prohibits a disclosure required by law or by the IAPST Code of Ethics, or a confidential report made through the appropriate IAPST reporting process.

> ***Explanation.*** Members bring clinical and professional material here on the understanding that it stays among colleagues, and that understanding only holds if everyone keeps it.
>
> This is a professional obligation rather than a technical guarantee. No mailing list can be made secure, and members should post accordingly.

D. Artificial Intelligence

1. **Patient Material.** Patient material must not be entered into generative or analytical AI tools. This includes case descriptions intended for the Listserv, session notes, transcripts, and recordings, whether or not the member considers them de-identified.

> ***Explanation.*** Such tools process and may retain what is submitted to them, and the confidentiality obligations a member holds do not travel with the material once it leaves their hands.

2. **Another Member's Words.** Members must not submit another member's post, in whole or in part, to an AI tool without that member's permission.

3. **Permitted Use.** AI tools may be used for ordinary writing support: grammar, spelling, clarity, and translation of the member's own words. The distinction is between polishing what a member has written and generating or analyzing clinical content.

V. CONDUCT

1. **Not Permitted.** The following are not permitted:
   a. offensive, discriminatory, harassing, or defamatory language and conduct;
   b. personal attacks and inflammatory remarks;
   c. political discussion unrelated to psychosexual therapy. Where law, policy, or regulation bears directly on clinical practice, that discussion is welcome and belongs here.

2. **Relevance.** Discussion should remain connected to psychosexual therapy, professional practice, education, research, or ethics.

3. **Copyright.** Members must not post copyrighted, proprietary, or confidential material without permission to share it. Citations and links to sources are always welcome.

VI. ANNOUNCEMENTS, PROMOTION, AND PRACTICAL PARTICIPATION

A. What Members May Announce

1. **Permitted Announcements.** Members are welcome to share:
   a. their own newly published books and peer-reviewed research;
   b. requests for research participants, and calls for contributors to books or edited volumes;
   c. job openings and recruitment for clinical, academic, or supervisory positions;
   d. significant professional achievements and milestones; and
   e. IAPST programs, IAPST-accredited training programs, IAPST-approved continuing education programs, and the Association's conferences and publications.

2. **Not Permitted.** Members must not promote workshops, classes, webinars, or continuing education programs that are not IAPST-approved, or training programs that are not IAPST-accredited.

> ***Explanation.*** This is not a judgment on the quality of anyone's teaching. A listserv carrying the Association's name should not appear to endorse training the Association has not reviewed, and the members most likely to trust such a post are the ones least able to evaluate it.

3. **Frequency.** Members announce their work rather than marketing it. A book, a study, or a post is worth telling colleagues about once, with a follow-up where there is genuine news.

B. Practical Participation

1. **Practice.** Members use descriptive subject lines, reply to the list where a response is useful to others and to the individual where it is not, and trim quoted text in long threads.

2. **Contacting a Moderator.** Members write to membership@iapst.org to flag a post, raise a concern, ask whether something is appropriate before sending it, or query a moderation decision.

> ***Explanation.*** Where a thread becomes heated, step back rather than continue publicly. Take it off-list or write to a moderator. Most difficulties on mailing lists come from two people who kept replying.

VII. MODERATION, REINSTATEMENT, AND APPEAL

A. Moderation

1. **Moderators.** The Listserv is moderated by the Office of Membership. Moderators may review, approve, delay, edit for administrative purposes, or remove posts that fall outside this Policy, and may contact a member privately to request clarification or revision before approving a post.

2. **Formal Moderation Notices.** Where a member does not meet this Policy, formal moderation notices apply in the following sequence. Notices are counted within a rolling twelve-month period; a notice older than twelve months no longer counts toward removal, though it remains on record.

    a. **First formal moderation notice.** A private note identifying the provision engaged and asking for compliance going forward.

b. **Second formal moderation notice.** A formal written notice. Posting access may be suspended temporarily depending on the nature of the conduct.

c. **Third formal moderation notice.** Removal from the Listserv.

3. **Immediate Action.** Moderators may act without issuing a prior notice where the conduct is serious. They may remove the content, place the member on moderated posting, or suspend access temporarily pending review. Removal from the Listserv follows only after that review.

   a. Serious conduct includes breaches of patient confidentiality; harassment, intimidation, or discriminatory conduct; defamatory or knowingly false statements; sustained disruption; unauthorized commercial posting; posts encouraging unlawful or professionally prohibited conduct; and any conduct that significantly compromises the integrity or safety of the community.

4. **Written Notice.** Every formal moderation notice, temporary suspension, removal, permanent exclusion, or other material moderation action is confirmed in writing to the member. The notice identifies the provision engaged, the action taken, the date it takes effect, its duration where it is time-limited, and any applicable right of appeal under VII.B.3.

5. **Duration of a Suspension.** The Office of Membership determines the duration of a temporary suspension and states it in the written notice. A suspension of more than thirty days is reviewed by the Office at its midpoint, and the member is told the outcome of that review.

6. **Effect.** Removal from the Listserv does not affect membership status or any other benefit. Where conduct on the Listserv may breach the IAPST Code of Ethics, the Office of Membership refers the matter to the Ethics Committee, which proceeds separately. A moderation decision is not a professional or ethical finding.

B. Reinstatement and Appeal

1. **Reinstatement.** Removal is not ordinarily permanent. A member removed from the Listserv may request reinstatement in writing to the Office of Membership after twelve months. The Office may reinstate, reinstate on conditions — including a period of moderated posting, where messages are approved before distribution — or decline. A declined request may be renewed after a further twelve months.

2. **Permanent Exclusion.** Permanent exclusion is reserved for conduct of the kind listed at VII.A.3. It is decided by the Executive Board on the recommendation of the Office of Membership.

3. **Appeal.** A member may appeal removal, permanent exclusion, or a suspension of more than thirty days, in writing to the Office of Membership within thirty days after notice of the decision. The Executive Board decides the appeal on the record. No person who participated in

the original decision may participate in deciding the appeal. The Executive Board's decision is final within the Association.

VIII. AMENDMENT AND STATUS

1. **Amendment.** The Association may amend this Policy. The current version is published on the Association's website, and the version and revision date appear on the cover.
2. **Notice.** Members are notified of a substantive amendment before it takes effect. Continued participation after that date constitutes acceptance of the amended Policy.
3. **Relationship to the Code of Ethics.** Where this Policy differs from the IAPST Code of Ethics, the Code governs.

IX. DISCLAIMER

1. **Views Expressed.** Views expressed on the Listserv are those of the individual members posting them. The Association does not endorse, verify, or take responsibility for advice, opinions, or information shared by members.
2. **Responsibility.** Nothing posted on the Listserv is to be treated as clearance to act. Each member remains responsible for their own clinical, ethical, and legal judgment.