

Consensus

Volume 43
Issue 2 *Queer(y)ing Labels: Dialogues of
Identity*

Article 5

7-25-2022

The Need for Queer Education in Graduate Psychotherapy Programs

Rachel Warner

Follow this and additional works at: <https://scholars.wlu.ca/consensus>



Part of the [Higher Education Commons](#), [Medical Education Commons](#), [Psychoanalysis and Psychotherapy Commons](#), and the [Religion Commons](#)

Recommended Citation

Warner, Rachel (2022) "The Need for Queer Education in Graduate Psychotherapy Programs," *Consensus*: Vol. 43: Iss. 2, Article 5.

DOI: 10.51644/EJSQ5591

Available at: <https://scholars.wlu.ca/consensus/vol43/iss2/5>

This Article is brought to you for free and open access by Scholars Commons @ Laurier. It has been accepted for inclusion in Consensus by an authorized editor of Scholars Commons @ Laurier. For more information, please contact scholarscommons@wlu.ca.

The Need for Queer Education in Graduate Psychotherapy Programs

Rachel Warner¹

Ethical counselling requires psychotherapists to treat all people with dignity and respect as a means of protecting clients from harm. In *Issues and Ethics in the Helping Professions*, Corey et al. highlight the importance for counsellors to develop cultural competency in order to ensure that they can safely and respectfully work with clients from diverse backgrounds.² Unfortunately, studies have found that Queer³ issues are not sufficiently integrated into graduate training programs for mental health professionals.⁴ The lack of training on Queer issues creates a dilemma for psychotherapists striving to operate at the highest ethical level, and may result in client harm. Education on Queer issues should be a mandatory requirement in psychotherapy training programs to ensure that counsellors are culturally competent and ethical in their work with clients. This paper will explore the unattainability of the College of Registered Psychotherapists of Ontario (CRPO) *Code of Ethics* as it applies to working with Queer clients.⁵

In their *Code of Ethics*, the CRPO expects members “to respect the ... diversity of all persons” and “to reject all forms of harassment and abuse.” In reality, Queer people continue to have negative experiences in counselling, some resulting in psychological harm, due to counsellors’ cisheterosexist biases and negative attitudes toward sexual and gender minorities.⁶ These biases, despite being unconscious to many, prevent counsellors from working within the principle of nonmaleficence, and thus they cannot be working at the highest ethical level.⁷ Queer people’s negative experiences in therapy can come from therapists assuming their gender or sexual orientation, having their presenting problems attributed to their Queer identity, noticing that the therapist lacks knowledge about the Queer experience, or finding that the therapist does not promote self-acceptance.⁸

¹ Rachel Warner is a Master’s student in the Spiritual Care and Psychotherapy program at Martin Luther University College and will be accepting clients as of September 2022 at Church Wellesley Counselling and Psychotherapy. This paper was originally submitted for TH-664H-OC1- Professional Studies & Ethics, Martin Luther University College, winter 2022.

² Gerald Corey, Marianne Corey, and Cindy Corey, *Issues and Ethics in the Helping Professions* (Boston: Cengage Learning Inc., 2017).

³ The term “Queer” will be used throughout this paper to refer to all sexual and gender minorities. However, not all LGBTQIA2S+ people will identify with this term.

⁴ Julia C. Phillips and Brian R. Fitts, “Beyond Competencies and Guidelines: Training Considerations Regarding Sexual Minority and Transgender and Gender Nonconforming People,” in *Handbook of Sexual Orientation and Gender Diversity in Counseling and Psychotherapy*, ed. Kurt A. DeBord, Ann R. Fischer, Kathleen J. Bieschke, and Ruperto M. Perez (Washington DC: American Psychological Association, 2017), 365–86.

⁵ “Code of Ethics,” College of Registered Psychotherapists of Ontario, November 16, 2011, <https://www.crpo.ca/code-of-ethics/>

⁶ Barry Y. Chung, Dawn M. Szymanski, and Elizabeth Markle, “Sexual Orientation and Sexual Identity: Theory, Research, and Practice,” in *APA Handbook of Counseling Psychology, Vol 1: Theories, Research, and Methods*, ed. Nadya A. Fouad, Jean A. Carter, and Linda M. Subich (Washington DC: American Psychological Association, 2012), 423–51.

⁷ Corey et al., *Issues and Ethics*.

⁸ Chung et al., “Sexual Orientation and Sexual Identity.”

Discrimination may be blatant in the counselling process or it can appear subtly in the form of microaggressions,⁹ which are usually committed unconsciously and may not be recognized as harmful by clients on the receiving end.¹⁰ Russell and Hawkey believe proper training in this area is necessary for counsellors because repeated experiences of microaggressions can cause clients to “question their own judgment about such an experience” and feel powerless.¹¹ Committing microaggressions, or blatantly discriminating against a Queer client, is a violation of the CRPO *Code of Ethics* because the client’s identity is not being respected.

The negative experiences Queer people have in counselling primarily stem from values, beliefs, and attitudes their counsellors have learned. As mentioned, negative biases toward Queer people may be unconscious, which puts the counsellor at a greater risk of acting unethically. When these biases are unchecked, not only is the counsellor at risk of harming a client by committing microaggressions but a counsellor may also unconsciously impose their own values onto clients. Counsellors need to be cautious of this unethical practice known as value imposition.¹² While some therapists believe that integrating values like truthfulness is important in therapy, as discussed in William J. Doherty’s book *Soul Searching*,¹³ this can be a particularly slippery slope when working with Queer clients who may face serious, harmful consequences as a result of living honestly, such as rejection from loved ones. Clearly, based on the research and experiences of Queer people, counsellors who practice without addressing their own biases, values, and beliefs—both conscious and unconscious—about Queer people are incapable of meeting the CRPO’s requirement to respect client diversity and do no harm.

Under the heading “Excellence in Professional Practice,” the CRPO requires that psychotherapists “work in the best interests of clients” and “maintain awareness of best practices.” These expectations, coupled with the previous principle about dignity and diversity, imply that awareness of best practices should cover knowledge about the unique needs of diverse populations. Clients from minority populations and oppressed groups may have different counselling needs, respond differently to techniques, and “traditional approaches ... may be inappropriate and ineffective with some groups.”¹⁴ Counsellors need to be aware of the differences in how mental health occurs and is experienced by Queer people. First, counsellors need to know that mental health issues are not caused by a person’s Queer identity; rather, it is explicit discrimination and internalized stigma that negatively impact their mental health.¹⁵ Stigma against Queer people has made them more likely to experience mental health issues—including depression, anxiety, low self-esteem, suicide attempts, and substance abuse—than heterosexual and cisgender people.¹⁶ This data means

⁹ Microaggressions are subtle expressions of bias and discrimination towards marginalized groups.

¹⁰ Glenda M. Russell and Christopher G. Hawkey, “Context, Stigma, and Therapeutic Practice,” in *Handbook of Sexual Orientation and Gender Diversity in Counseling and Psychotherapy*, ed. Kurt A. DeBord, Ann R. Fischer, Kathleen J. Bieschke, and Ruperto M. Perez (Washington DC: American Psychological Association, 2017), 75–104.

¹¹ Russell and Hawkey, “Context, Stigma, and Therapeutic Practice,” 86.

¹² Corey et al., *Issues and Ethics*.

¹³ William J. Doherty, *Soul Searching: Why Psychotherapy Must Promote Moral Responsibility* (New York: BasicBooks, 1995).

¹⁴ Corey et al., *Issues and Ethics*, 4–5.

¹⁵ Chung et al., “Sexual Orientation and Sexual Identity.”

¹⁶ Chung et al., “Sexual Orientation and Sexual Identity.”

that therapists should pay close attention when assessing Queer clients for suicide and substance abuse risks.

The American Psychological Association (APA) provides psychologists with twenty-one guidelines for practice with lesbian, gay, and bisexual clients and sixteen guidelines for working with transgender and gender-nonconforming people.¹⁷ These guidelines are specifically for psychologists but they can, and should, be applied to all counsellors with Queer clients because they clarify how practitioners can ensure ethical treatment of this population. The first of the LGB guidelines states: “psychologists strive to understand the effects of stigma ... and its various contextual manifestations in the lives of lesbian, gay, and bisexual people.”¹⁸ This guideline supports the need for all therapists, both psychologists and psychotherapists, to be knowledgeable of the unique mental health challenges Queer people face. For example, Queer people have been found to spend excess energy concealing their identity, deciding whether to be open with their identity, preparing for rejection, and coping with losses as a result of coming out.¹⁹ Awareness of this experience is critical for therapists because these topics are relevant to treatment. Therapists need to be knowledgeable of Queer issues and experiences to ensure that they meet the CRPO ethical requirement of working for the client’s best interest. Without this knowledge, therapists may overlook these experiences and not address them in the counselling process, which could limit the benefits of therapy.

The CRPO identifies integrity as a key principle for ethical care, asking clinicians “to recognize and strive to challenge [their] own professional and personal biases.” As discussed, cisheterosexism and stigma toward Queer people can result in negative experiences and harm caused by therapists. Attitudes and beliefs about Queer people have become more positive over the past 50 years, but prejudice is still a prevalent issue. Counsellors with negative attitudes and beliefs about Queer people may expect to refer these clients to other therapists, but discriminatory referrals are unethical and therapists could be reported and disciplined for this practice.²⁰ However, counsellors providing therapy in which they impose their own values and negative attitudes toward Queer clients are also acting unethically. The solution to this predicament is training that requires psychotherapists to recognize their biases, reflect on where they learned these beliefs, and explore their own feelings about their sexual orientation and gender identity.²¹ This is supported by guideline four in the APA’s *Practice Guidelines for LGB Clients* which states, “psychologists are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment.”²² This guideline should apply to psychotherapists as well.

¹⁷ “Practice Guidelines for LGB Clients,” American Psychological Association, last modified February 20, 2011, <https://www.apa.org/pi/lgbt/resources/guidelines>; American Psychological Association, “Guidelines for Psychological Practice with Transgender and Gender Nonconforming People,” *American Psychologist* 70, no. 9 (December 2015), <https://www.apa.org/practice/guidelines/transgender.pdf>

¹⁸ “Practice Guidelines for LGB Clients,” APA.

¹⁹ Russell and Hawkey, “Context, Stigma, and Therapeutic Practice.”

²⁰ Corey et al., *Issues and Ethics*.

²¹ Phillips and Fitts, “Beyond Competencies and Guidelines”; Angela M. Barbara, Gloria Chaim, and Farzana Doctor, *Asking the Right Questions* (Canada: Centre for Addiction and Mental Health, 2007), https://cdn.dal.ca/content/dam/dalhousie/pdf/campuslife/student-services/healthandwellness/LGBTQ/asking_the_right_questions.pdf

²² “Practice Guidelines for LGB Clients,” APA.

Some students and practicing psychotherapists may argue that training on Queer issues is unnecessary on the assumption that Queer people will seek out counsellors with expertise in this area. Corey et al. single out therapists working with Queer people as having “a responsibility to understand the special concerns of these individuals and [are] ethically obligated to develop the knowledge and skills to competently deliver services to them.”²³ While some therapists may specialize in this area of treatment, all therapists may potentially have a client who is Queer; therefore all therapists should be knowledgeable on the ethical treatment of Queer people. Some therapists may refer Queer clients to practitioners with more experience with the argument that they are not competent in this area and therefore should not provide treatment. This is not an ethical way to practice, nor is it reliable. Queer clients may seek therapists with other specializations to meet a different therapeutic need or they may not be forthcoming with their sexual orientation or gender identity. In the latter situation, referring a client after they come out in a session would be extremely unethical and harmful to the client, especially because Queer people frequently experience rejection due to their identity.

As stated, in order for psychotherapists to practice ethically they need to recognize and challenge their biases.²⁴ Counsellors need to become aware of learned cultural biases, assumptions, and stereotypes, or else they may perpetuate forms of injustice and prejudice in counselling.²⁵ While textbooks and courses acknowledge this need, cisheterosexism can still be found in research, textbooks, and faculty in psychotherapy training programs.²⁶ For example, textbooks frequently use the binary language of “he or she” when “they” could be used to be inclusive of psychotherapists and clients who identify outside the traditional binary.²⁷ Psychotherapy training programs need to consciously address cisheterosexism and stigma among their students. Szymanski and Moffitt suggest a number of strategies to address these issues, including “increasing positive contact between heterosexuals and LGB persons” and “providing education and training to increase awareness, knowledge, empathy, and skills.”²⁸ Research shows that changing attitudes about minority groups more permanently requires long-term education, but including this training into graduate programs will introduce students to the importance of reflecting on personal biases and learning about Queer issues.²⁹ Hopefully, an early introduction to these topics would encourage students to continue to seek education on biases and Queer issues throughout their careers.

In addition to challenging biases, the integrity principle in the CRPO *Code of Ethics* requires psychotherapists to “inform clients about ... potential risks and benefits” of therapy. One of the risks of counselling includes the emotional pain that may arise when bringing the unconscious to the conscious.³⁰ Awareness of these emotions can greatly impact a client’s

²³ Corey et al., *Issues and Ethics*, 4-6.

²⁴ “Code of Ethics,” CRPO.

²⁵ Corey et al., *Issues and Ethics*.

²⁶ Chung et al., “Sexual Orientation and Sexual Identity.”

²⁷ See Corey et al., *Issues and Ethics*, 4-9b for an example.

²⁸ Dawn M. Szymanski and Lauren B. Moffitt, “Sexism and Heterosexism,” in *APA Handbook of Counseling Psychology, Vol 2: Practice, Interventions, and Applications*, ed. Nadya A. Fouad, Jean A. Carter, and Linda M. Subich (American Psychological Association, 2012), 376.

²⁹ Phillips and Fitts, “Beyond Competencies and Guidelines.”

³⁰ Corey et al., *Issues and Ethics*.

life, especially if their new awareness brings the need to change aspects of their life and their relationships.³¹ When working with Queer clients, this principle is particularly important to discuss with the client throughout the therapeutic process because they may be struggling with the coming out process. Russell and Hawkey state that a therapist working with a Queer client needs to assess what degree of “outness” is safe for the client based on their environment.³² In these situations, therapists should not be pressing the values of honesty and truthfulness, as suggested by counsellors such as Doherty, because living authentically may not be safe for a particular client.³³ Therapists working through the coming out process with a client need to be trained on how to assess the potential dangers to the client and need to be adept at exploring the potential outcomes of coming out with the client.³⁴ Exploration of potential outcomes, including a discussion of the risks of coming out, over a number of sessions gives the client the information and support they need when deciding whether to come out. If the potential risks are thoroughly explored along with the potential benefits, a client can feel empowered to do what they believe is best for them. When assisting a client with the coming out process in therapy, clinicians must frequently address the risks and benefits with the client in order to be practicing ethically.

The final CRPO principle to review here is the ethical requirement for psychotherapists “to strive to support justice and fairness” and “stand against oppression and discrimination.” This requirement connects closely to the principle of integrity because counsellors who have not addressed their biases will continue to preserve cisheterosexism within counselling and in the community at large. Justice in counselling extends beyond counsellors being affirmative and nondiscriminatory with their clients, and it is an important topic to explore within therapy with clients from oppressed groups.³⁵ Integrating social justice topics into therapy requires therapists to be “aware of and [address] the realities of oppression, privilege, and social inequalities.”³⁶ When working with Queer clients, this means therapists should be knowledgeable about the social and political challenges these minorities face. While clients will provide accounts of their experiences as Queer persons in society, it is not the job of the client to educate the therapist about the social attitudes, discriminatory policies, and internal struggles faced by Queer people.³⁷ Sufficient knowledge about Queer issues and experiences gives therapists the ability to effectively address topics of justice in therapy, which leads to better outcomes for their clients.

When clinicians have a thorough understanding of the experiences of oppressed clients, such as Queer clients, they can help them reframe their individual experiences of discrimination as part of a larger sociopolitical issue.³⁸ Doherty warns, however, that the challenge when working with oppressed clients is finding the balance between focusing on the sociopolitical factors of their issues and working within their own agency and influence. A just and ethical counsellor must be trained to address and explore the external influences on a client’s life, which requires training about the policies and social attitudes that impact

³¹ Corey et al., *Issues and Ethics*.

³² Russell and Hawkey, “Context, Stigma, and Therapeutic Practice,” 89.

³³ Doherty, *Soul Searching*.

³⁴ Russell and Hawkey, “Context, Stigma, and Therapeutic Practice.”

³⁵ Corey et al., *Issues and Ethics*; Doherty, *Soul Searching*.

³⁶ Corey et al., *Issues and Ethics*, 4-6.

³⁷ Corey et al., *Issues and Ethics*.

³⁸ Russell and Hawkey, “Context, Stigma, and Therapeutic Practice”; Doherty, *Soul Searching*.

their clients. Unfortunately, many therapists avoid discussing sexual orientation and gender identity because they lack training or believe it is not relevant to treatment.³⁹ When counsellors avoid these topics with Queer clients they miss the opportunity to address justice in therapy and work through critical issues with their clients, thus missing the opportunity to provide therapy at the highest ethical level.

Having reviewed the CRPO *Code of Ethics* as it relates to providing psychotherapy to Queer clients, education on Queer issues is clearly needed in order for counsellors to meet these ethical requirements. The APA guidelines agree, stating in guideline 19 that “psychologists strive to include lesbian, gay, and bisexual issues in professional education and training.”⁴⁰ This guideline should also apply to psychotherapists. Graduate curriculum for psychotherapists should include topics such as sexual identity development, heterosexism and internalized homophobia, coping strategies unique to the Queer community, federal and provincial policies that impact Queer people, prevalent mental health issues found in Queer people, the coming out process, the transitioning process, sensitive language use in counselling, and how to address gender identity and sexual orientation in counselling.⁴¹ Ethical psychotherapy for Queer people begins with appropriately introducing topics of gender and sexuality during intake, but really, ethical psychotherapy for Queer people begins with all counsellors receiving proper training on how to treat this diverse population. Queer people deal with oppression and discrimination on a daily basis and they have a right to receive ethical, just, and effective counselling from psychotherapists.

³⁹ Barbara et al., *Asking the Right Questions*.

⁴⁰ “Practice Guidelines for LGB Clients,” APA.

⁴¹ Chung et al., “Sexual Orientation and Sexual Identity”; Russell and Hawkey, “Context, Stigma, and Therapeutic Practice”; Barbara et al., *Asking the Right Questions*; Szymanski and Moffitt, “Sexism and Heterosexism.”