

The publication of a Polish translation of “APA Guidelines for Psychological Practice with Sexual Minority Persons”

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ABSTRACT

Aim

The aim of the current text is to present selected fragments of the “APA Guidelines for Psychological Practice with Sexual Minority Persons” together with a commentary by the Author.

Method

The Author translated the English text of the “Guidelines” into Polish and carried out a critical analysis of their content in relation to the Polish culture and context.

Results

In light of the ethical principles of psychologists, as well as the current socio-political situation, it seems pertinent for psychologists to continuously update and develop their knowledge and competences in the field of psychological practice with sexual minority persons.

Conclusions

The “Guidelines” presented in the current text are a useful source on psychological practice with sexual minority persons. The original English version of the guidelines is available at <https://www.apa.org/about/policy/psychological-sexual-minority-persons.pdf>. The full Polish translation of the “Guidelines” is available at <https://www.apa.org/pi/lgbt/resources/polish.pdf>.

Keywords: sexual minority persons, sexology, psychological support, psychological competences, ethics of psychological practice

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Towards the end of 2021, the American Psychological Association has published a Polish translation of the “APA Guidelines for Psychological Practice with Sexual Minority Persons” (APA, 2021). The original English version of the guidelines is available at <https://www.apa.org/about/policy/psychological-sexual-minority-persons.pdf>. The full Polish translation of the “Guidelines” is available at <https://www.apa.org/pi/lgbt/resources/polish.pdf>. The document is intended for professionals offering mental health and counseling services. It comprises 16 guidelines divided into 5 areas of psychological knowledge and practice (p. 12):

- 1) Foundational knowledge and awareness
 - a) Perceiving, understanding, and accounting for the inter-relationships between sexual identity and sexual expression as well as other elements of identity and other social roles.
 - b) Understanding the basic concepts related to sexual minority persons, e.g., sexual orientation, sexual identity, and sexual expression.
 - c) Affirmation of bi+ identities and critical examination of monosexist biases.
 - d) Opposition to the pathologization and attempts at changing people’s sexual orientation.
- 2) Impact of stigma, discrimination, and sexual minority stress.
 - a) Understanding and accounting for issues related to discrimination in clinical work.
 - b) Understanding and accounting for the so-called distal stressors (i.e., understanding that discrimination is harmful even if it does not impact a given person directly) in clinical work.
 - c) Understanding and accounting for the so-called proximal stressors (i.e., direct experiences of discrimination in various forms and contexts) in clinical work.
 - d) Perceiving and taking into account the psychological resources that sexual minority persons may possess.
- 3) Relationships and family.
 - a) Respect for diverse forms of interpersonal relationships.
 - b) Taking into account issues related to sexual health in clinical work.
 - c) Taking into account issues related to the clients’ relationships with their families of choice in clinical work.
 - d) Respect for the experiences of sexual minority persons in the context of parenting.
- 4) Education and vocational issues.
 - a) Taking into account the specific experiences, difficulties, and challenges faced by sexual minority persons in the educational context in clinical work.
 - b) Taking into account the specific experiences, difficulties, and challenges faced by sexual minority persons in the vocational context in clinical work.
- 5) Professional education, training, and research.
 - a) Updating and promoting psychological knowledge on issues related to diversity in sexuality.

- b) Developing an affirming attitude towards diversity in sexuality in professional and research work, including carrying out empirical studies on samples that are representative with respect to sexuality.

Each guideline presents an overview of current empirical data (the Rationale), which serves as the basis for formulating practical suggestions or areas of development (the Application). Most of the data presented in the guidelines represents the American context. However, as the "Guidelines" adopt the theoretical perspective of intersectionality and minority stress, the phenomena and statistical relationships described therein can be generalized to other social and cultural contexts. Thus, the "Guidelines" serve as an exhaustive source of information that is valid for clinical practice. Simultaneously, the guidelines refer to broad, general attitudes rather than specific interventions. As a result, the guidelines may be incorporated into clinical practice regardless of the organizational context, mode of treatment delivery, or theoretical approach. In turn, the broad availability and universality of the guidelines is important due to the need for psychologists to continuously update their knowledge as well as due to the current socio-political context, in which the rights of sexual minority persons remain threatened. This issue is explored further below.

Psychologists and psychotherapists are obligated to continuously develop their skills. The 2018 Ethics Code of the Polish Psychological Association obligates psychologists to "continuous professional development and updating of knowledge and professional skills" (p. 2). Updating knowledge and skills based on reliable empirical evidence is also set out in Section 2 of APA's "Ethical Principles of Psychologists and Code of Conduct". Finally, theoretical models defining the core competencies of psychologists and psychotherapists also include professional self-development via critical reflection (Newman, 2013). Indeed, human identity and behavior, as well as the notion of psychological norm and pathology, are always situated in a given social context, which changes over time (Appignanesi, 2011). Psychologists and psychotherapists are thus obligated to be aware of such changes and adjust their practice accordingly. Only then will they be able to understand the perspectives and experiences of their clients, and thus offer adequate support.

Sexual minority persons are consumers of mental health services. The specific contexts and experiences, including discrimination, that they face in various forms and degrees require consideration in clinical work. Psychologists and psychotherapists are thus ethically obligated to develop their competencies in this area. This is because experiencing discrimination – both in the form of hate and stereotypization as well as marginalization of identity and experiences – is psychologically harmful and may necessitate the provision of psychological support (Hatzenbuehler et al., 2010; Nadal et al., 2016). Discrimination should also not be reinforced in the context of the therapeutic relationship.

There is a risk that, due to insufficient knowledge, conscious or unconscious attitudes, or a desire to remain impartial, some psychologists and psychotherapists may ignore issues related to diversity in sexuality in their contact with sexual minority persons. They may also assume that if the issues reported by their clients are not directly related to their status as a sexual minority person, then

this status has no bearing on their psychological wellbeing. On the other hand, psychologists and psychotherapists may also baselessly assume that some problems reported by their clients are related to their sexual and/or gender identity (Spengler et al., 2016). Both attitudes are misguided and incorrect. Thus, there exists a need to equip psychologists and psychotherapists with reliable sources of information and practice guidelines regarding psychological practice with sexual minority persons.

As was mentioned above, clinical work always takes place in a changing social context. The social visibility and acceptance of sexual minority persons appears to increase. However, this increase is countered by existing prejudices, discrimination, as well as systematic disinformation campaigns which are financed both by nongovernmental organizations as well as politicians actively holding office (European Parliamentary Forum, 2021). A particularly disturbing example are organizations promoting *conversion therapy* – an alleged form of psychotherapy which aims at changing clients' sexual orientation from homosexual to heterosexual (Global Project Against Hate and Extremism, 2022). The promotion of conversion therapy continues despite a lack of (theoretical and empirical) evidence for its "effectiveness." On the contrary, existing studies show this practice to be deeply harmful (Anton, 2010). As stated by the Polish Sexological Association, "propagating therapies based on correcting, converting, or repairing homo- or bisexual orientations to a strictly heterosexual one stands in contrast to current knowledge on human sexuality and may result in significant, negative psychological consequences for individuals subjected to such interventions" (<https://pts-seksuologia.pl/sites/strona/59/stanowiskopts-na-temat-zdrowia-osob-o-orientacji-homoseksualnej>).

Systematic discrimination and disinformation about diversity in sexuality and sexual minority persons, as well as public debate centered on these issues, seems to largely be founded on intuitive, ideological arguments which refer to vague and imprecise definitions and which present false or distorted data. Thus, discriminatory messages are easily created and disseminated, but it is difficult to effectively counter them and expose their falsity. For this reason, there is a need to combat prejudices against sexual minority persons through the promotion of reliable information and data. Guided by the ethical principle of protecting the wellbeing of individuals, psychologists and psychotherapists should take active part in this promotion.

In sum, through a comprehensive integration with empirical data, the APA "Guidelines" are a significant source of information and support for professionals in preventing discrimination and disinformation on sexual minority persons. Learning the information and implementing the guidelines presented in the document will contribute to more effective provision of psychological support, as well as facilitate more authentic therapeutic relationships with sexual minority persons. On the other hand, the definitions and empirical data on sexual minority persons' psychological wellbeing, interpersonal and family relationships, and functioning in various contexts presented in the "Guidelines" challenge the pervasive stereotypes in these areas. The "Guidelines" thus stimulate self-reflection on both personally held prejudices as well as

incorrect beliefs related to sexual minority persons. Additionally, the existence of the "Guidelines" in and of themselves is proof that diversity in sexuality deserves attention, respect, and equity in treatment. Based on rich empirical data, the "Guidelines" persuasively show that there are no rational grounds for prejudice or discrimination of sexual minority persons (if such rational grounds could even exist in the first place).

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