

Psychological Practice with Lesbian, Gay, and Bisexual Clients

A Review of the American Psychological Association's 2012 Guidelines

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Abstract

The American Psychological Association recently published an update of its *Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients* (APA, 2012). In this critical review, I find much to commend about this document but also express concern with what appears to be the influence of ideology guideline content and presentation. Five examples of this ideological shaping are addressed in this review: (1) the treatment of religion, (2) sexual orientation change, (3) nontraditional relationships, (4) gay parenting, and (5) use of research.

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The American Psychological Association (APA) recently released its latest update of *Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients* (APA, 2012; hereafter referred to as *Guidelines*). It is an important document because it represents the latest recommendations of the APA (of which I am a member) to psychologists for professional practice with lesbian, gay, and bisexual (LGB) clients.

It is critical to understand that *guidelines* are different from *standards*—guidelines are aspirational, whereas standards are mandatory and can be accompanied by an enforcement mechanism (including disciplinary measures for noncompliance). This is an important distinction for NARTH member psychologists who are also APA members, because were these guidelines offered as standards, some aspects of those standards might place NARTH psychologists at risk of ethical censure, as will be noted below. That said, there is much that NARTH clinicians can learn from the *Guidelines*, and every mental health professional who works with LGB clients should be familiar with them.

The *Guidelines* begin with a preamble that provides a helpful definition of terms. This is followed by twenty-one specific guidelines, each of which includes a rationale and recommendations for application. On the positive side, the *Guidelines* provide useful reviews of some of the literature that can assist clinicians in being helpful when working with LGB clients, including clients with unwanted same-sex attractions. First, the *Guidelines* bring attention to the many stressors impacting LGB clients and the importance of assessing for these (see Guidelines 1, 5, 10, and 11). The *Guidelines* urge psychologists to create a safe environment for these clients, which is a common factor in any beneficial psychotherapy (Guideline 1).

Second, the *Guidelines* remind psychologists that they should fully assess the motives of clients requesting to change their sexual orientation and that they should

guard against any use of coercion in their treatment, particularly with youth (Guideline 3).

Third, the *Guidelines* encourage psychologists to be aware of their own values, beliefs, and limitations (Guideline 4).

Fourth, the *Guidelines* recommend psychologists to be aware of how family of origin, culture/ethnicity, age, socioeconomic status, and disability status might impact the presentation and treatment of LGB clients (Guidelines 10, 11, 13, 15, and 17, respectively).

Finally, psychologists are encouraged to be aware and respectful of diverse religious and spiritual practices (Guideline 12).

While NARTH members might quibble some about certain aspects of how these recommendations were derived and applied by the APA, the general issues addressed above should nevertheless be considered components of good practice for anyone who works with LGB clients.

Although there is valuable information in the *Guidelines*, NARTH members and others who practice sexual orientation change efforts (SOCE) will need to be discerning as they review this document. There is ample evidence that the authors approached their task from an almost exclusively gay identity-affirming position, which shaped their presentation of the science. I personally do not have a problem with this, since all of us have values and worldviews that impact how we approach the literature; I only wish that the APA would have been honest about its own worldview in the context of such an important document. Five examples of this ideological shaping will have to suffice for the present review: (1) the treatment of religion, (2) sexual orientation change, (3) nontraditional relationships, (4) gay parenting, and (5) use of research.

Treatment of religion. The *Guidelines*, following in the footsteps of the APA task force's report on sexual orientation change efforts (SOCE; APA, 2009), does make an effort to deal more substantively with the religious values of LGB clients, particularly in the context of the pursuit of SOCE (Guidelines 3 and 12). On the positive side, APA

concedes that for some clients, religious affiliation and identity will be prioritized above sexual orientation, and an affirmative approach will therefore be incompatible with the goals of these clients.

Unfortunately, the *Guidelines* provide little if any help for assisting such clients if they wish to pursue their heterosexual potential or even a chaste lifestyle. At several points in the *Guidelines* these issues are addressed, and the general thrust of this guidance is to provide these clients with every reason and opportunity to revise their religious beliefs so as to embrace an LGB identity. Wherever religious resources are recommended to these clients (including an entire appendix), the only recommended organizations are those committed to assisting individuals in affirming an LGB identity—for example, Soul Force, DignityUSA, and the Metropolitan Community Church.

Moreover, attributions provided to explain these nonaffirming religious beliefs are seen only through the lens of stigma, such as the internalization of heterosexual norms. This raises the question as to whether any nonaffirming, non-stigma-based identity can exist for the APA among clients with unwanted same-sex attractions. It also brings into question whether respectful and sensitively conducted values-based referrals can be made by therapists when client goals conflict with therapist values, a topic the *Guidelines* fails to discuss.

Sexual orientation change. Probably the largest inaccuracies in the *Guidelines* appear in the APA's treatment of SOCE. In Guideline 3, the APA asserts that the SOCE literature is too methodologically flawed to seriously consider yet, then it proceeds to conclude on this basis that SOCE is ineffective. How a therapeutic approach lacks credible studies to evaluate its efficacy can then be definitively said to be ineffective defies explanation. This highlights the fine line the APA appears to be trying to walk—without success, in my view—wherein it dismisses the credibility and relevance of existing SOCE literature while at the same time preserves the notion that this literature gives us some unambiguous reason for discouraging the practice of SOCE. Not surprisingly, a similar

tension appears in the task force report (APA, 2009), which makes equivalent contradictory statements, dismissing SOCE for lacking efficacy while maintaining that the relevant literature is so methodologically flawed that we cannot determine if SOCE is effective. In addition, Guideline 3 states that the APA cannot recommend SOCE but then recommends an exclusively gay affirmative therapeutic approach—which, as the 2009 task force report stated, also has no empirical support of the kind it demands for SOCE.

Nontraditional relationships. Another feature of the *Guidelines* worth mentioning is its treatment of what are termed *nontraditional relationship structures*. Guidelines 5 and 7 specifically address such relationships when dealing with, respectively, bisexuality and LGB relationships. Guideline 5 observes, “Bisexual individuals may be more likely than lesbian or gay persons to be in a nonmonogamous relationship and to view polyamory as an ideal, although there are many bisexual people who desire and sustain monogamous relationships” (p. 7). Guideline 7 includes the statement that “Nonmonogamous or polyamorous relationships may be more common and more acceptable among gay men and bisexual individuals than is typical for lesbians or heterosexuals” (p. 8). The *Guidelines* then make a critical analysis of nonmonogamy and polyamory exceedingly difficult by implying that this would constitute discriminatory practice: “It is useful for psychologists to be aware of the diversity of these relationships and refrain from applying a heterosexist model when working with lesbian, gay, and bisexual couples” (p. 9). It appears that such nontraditional relationships among gay men and bisexuals are insulated from moral or other evaluative critique through labeling such critiques as prejudicial and discriminatory practices.

Same-sex parenting. A brief guideline (Guideline 8) addresses the issue of LGB couples who are raising children. While understanding the experiences and challenges of LGB parents is a sound recommendation, the *Guidelines* base this on the conclusion that LGB parents are as capable as heterosexual parents. In fact, according to Guideline 8, lesbian parents are superior to heterosexual parents in several areas. Although lesbians

can be good mothers and gay men can be good fathers, it is far from clear to this reviewer whether lesbians can make good “fathers” or gay men can function as good “mothers.” This guideline relies heavily on the methodologically limited gay parenting literature, a fact recently detailed in an important critique by Marks (2012) concerning the APA’s brief (2005) on lesbian and gay parenting.

Thus, while the *Guidelines* contend that there are no major differences in well-being between children raised by lesbian parents and those raised by heterosexual parents, Marks observes that the same-sex parenting literature used in the APA brief relies on small, nonrepresentative, homogeneous samples of privileged lesbian mothers. In light of this, he concludes, “This pattern across three decades of research raises questions regarding lack of representativeness and diversity in the same-sex parenting studies” (p. 739). This concern was voiced at the time by Meezan and Rauch (2005), two gay men who favor same-sex marriage yet acknowledged, “What the research does not yet show is whether the children studied are typical of the general population of children raised by gay and lesbian couples” (p. 97). It appears the APA’s treatment of this topic has lost all appearances of a circumspect science and has crossed over into the realm of an advocacy agenda in search of data.

Use of research. The final guideline (Guideline 21) encourages psychologists to eliminate bias in interpreting and disseminating research findings and to take into account the limitations and complexities of the LGB research literature. While representations of this literature should strive to be fair to the data, multiple interpretations should be expected when the subject matter has significant sociopolitical implications that are being debated within the culture. The *Guidelines* appear to violate these cautions regarding potential misuse and misrepresentation of research findings.

To cite only two examples, the *Guidelines* reference the Hooker (1957) study as support for the hypotheses of no differences between gay and heterosexual men and cite the Shidlo and Schroeder (2002) research as confirming the potential harm of SOCE.

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Both studies possess the types of methodological problems that the APA task force (2009) found sufficient to dismiss the entire body of SOCE literature and that render generalizing beyond the study sample inappropriate. Nevertheless, these two studies are broadly cited in the *Guidelines* without qualification or context, suggesting a partisan application, whether purposeful or not. Also of note is the fact that of the 239 references cited in NARTH's recently published practice guidelines (2010), only 23 are included among the 518 references listed in the APA's *Guidelines*. This highlights how important it is for those wanting to be educated on the subject to be familiar with multiple perspectives, providing a sufficiently wide grasp of the relevant professional literature.

In summary, the APA *Guidelines* are an important resource with which mental health professionals who work in this area should be familiar. It does not, however, give an account of the relevant issues and literature that is unaffected by latent ideological bias, as evidenced in how topics such as religion and SOCE are addressed and what literature is selected or omitted from the discussion. Clinicians wishing to be broadly educated on practice issues with LGB clients may begin with these *Guidelines* but certainly cannot afford to end there. These clinicians therefore need to become familiar with additional resources such as NARTH's (2010) practice guidelines.

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