

Developing competence in the NZ Psychologist workforce: Best Practice Guidelines for working with sex, sexuality, and gender diverse (SSGD) clients

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This article describes the process and context of the development of the Best Practice Guidelines (BPG) for working with clients with diverse sex characteristics, sexualities, and genders in Aotearoa/New Zealand and a verbatim section from the BPG is included. Changes in theory, research and applied practice in the discipline of psychology are briefly outlined, along with an account of the process of development and publication of the BPG. The BPG provide guidance on basic awareness, knowledge and skills, and a competence framework for registered psychologists to work with clients with diverse sex characteristics, sexualities and genders. Guidelines published by the New Zealand Psychologists Board are underpinned by the Code of Ethics and aim to support the delivery of evidence based, competent and ethical psychological practice.

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The psychology discipline has undergone a transformation in theory, research and applied practice that reflects the significant shift that has taken place at the level of society in relation to Lesbian, Gay, Bisexual, Transgender, Intersex and Queer+ (LGBTIQ+) people. Challenges to the social, legal and health care inequities that contribute to negative outcomes for LGBTIQ+ people have been raised through research, social activism and LGBTIQ+ lobbying. In the past two decades the psychology profession has interrogated its own historical legacy of pathologising, making invisible and 'mistreating' LGBTIQ+ people. The International Psychology Network for Lesbian, Gay, Bisexual, Transgender and Intersex Issues (known as IPsyNet) consists of national and international psychological associations. The network published a 'Statement on LGBTIQ concerns' in 2018 (American Psychological Association, 2018). This called for the field of psychology to condemn pathologising notions of LGBTIQ+ and articulated a clear position of recognizing diversity of sex characteristics, genders and sexualities as normal and healthy variations of human experience (American Psychological Association, 2018; British Psychological Society, 2019). Of importance to the context here in Aotearoa New Zealand, is that the New Zealand Psychological Society is a signatory to the IPsyNet statement on LGBTIQ concerns.

This critical inquiry and paradigm revolution in psychology led to a change to frameworks that are now

inclusive and affirming of diversity sex characteristics, sexualities and genders. (See American Psychological Association, 2018; British Psychological Society, 2019). The IPsyNet statement was endorsed on its introduction by 17 professional psychology organizations across the world and in 2020 there were 38 signatory associations, including New Zealand and Australia Psychological Societies. During this period there was an international move to develop and publish best practice guidelines for psychological practice with LGBTIQ+ people (American Psychological Association, 2012, 2015; British Psychological Society, 2012, 2019; NZ Psychologists Board, 2019; Psychological Society of South Africa, 2017). These set up expectations for the training and practice of psychologists in relation to working with these populations (see IPSYNET downloaded from <https://www.apa.org/ipsynet/advocacy/policy/statement-english.pdf> on 30 July 2020). It has been notable however that despite the publication of best practice guidelines there is evidence of lack of curricular content and inclusion of LGBTIQ+ healthcare needs in the training of psychologists (Boroughs, Bedoya, O'Cleirigh & Safren, 2015; Fell, Mattiske & Riggs 2008; Institute of Medicine, 2011; Riggs & Fell, 2010). Bidell (2014) argues that appropriate content should be threaded across the curriculum, rather than being "additional" to core curriculum content. Oransky et al., (2019) highlight the importance in psychology education of developing

student awareness of cisgender¹ privilege and gendered experiences relating to power and marginalization.

In Aotearoa New Zealand research has identified a key issue in the provision of mental health care services for the Rainbow community² as the lack of education, information and support for practitioners around culturally sensitive practice (Adams et al., 2012; Rainbow Youth, 2018). The International Union of Psychological Science published the core competencies in professional psychology practice (2016). This explicitly identified working with diversity and culture as a core competence for the practice of psychological therapy.

Bidell (2014) extended the general cultural competence framework to include specific LGB affirmative competencies. These competencies include awareness of one's own prejudice, biases, beliefs and values regarding LGB people, knowledge of the current and historical contextual factors which are affecting LGB people and affirmative clinical skills. This framework is aligned with the cultural competence framework described in the BPG in Aotearoa New Zealand.

Background to developing Best Practice Guidelines in Aotearoa New Zealand

In 2017 the first author of this article contacted the New Zealand Psychologists Board (NZPB) and suggested the development of best practice guidelines for working with clients with diverse sex characteristics, sexualities and genders. A call for expression of interest to contribute to the guidelines was sent out to registered psychologists and this resulted in a group of 7 members who worked collaboratively to co-author the guidelines, with administrative support of the NZPB. A final draft was distributed to a wider reference group for consultation. The co-authors and wider reference group are members of the Rainbow community in New Zealand and registered psychologists or intern psychologists.

In developing the best practice guidelines for the NZPB, the authorship group consulted equivalent international best practice guidelines and a published chapter in the "Professional Practice of Psychology in Aotearoa New Zealand" in preparation for writing the first draft (American Psychological Association, 2012, 2015; British Psychological Society, 2012; Du Preez & Macdonald, 2016; Psychological Society of South Africa, 2013; The Psychological Society of Ireland, 2015).

The BPG were finally approved and published in 2019. This field of practice is constantly evolving in relation to new research evidence and changes in nomenclature, language and terminologies relating to diversity of sexualities, genders and sex characteristics. The BPG will be reviewed regularly to reflect the latest understandings and frameworks and is therefore an ongoing project. The first author will lead on initiating the

next working group to co-author the revisions to the BPG in 2021/2021.

The section that follows is the published text from the BPG and includes the essential and basic requirements for working with sex, sexuality and gender diverse clients. Psychologists who work in contexts where a more advanced level of competence is required, or they wish to develop their practice to include a speciality in working with sex, sexuality and gender issues, ought to take steps to further and develop their competency through relevant clinical training and supervision.

Best Practice Guidelines for psychologists practicing in Aotearoa New Zealand (New Zealand Psychologists Board, 2019)

One of the core purposes of the Health Practitioners Competence Assurance Act (2003) is to safeguard the public through ensuring that health care practitioners are competent and fit to practice. The Act also requires the New Zealand Psychologists Board to set cultural competence guidelines and develop mechanisms through which competence can be measured, thereby ensuring the safety of members of the public who use mental health care services in Aotearoa New Zealand. Awareness, knowledge and skills to perform professional psychological duties which acknowledges diverse worldviews all contribute to cultural competence in the workforce. Diverse worldviews also include the full range of sex, gender and sexual diversity that make up the population.

The guidelines are structured according to these three core attributes of cultural competency: Awareness, Knowledge and Skills. In the full version of the guidelines a distinction is made between what is considered as essential awareness, knowledge and skills for basic cultural competence, and what is considered as additional knowledge and skills required for more specialised and advanced practice. Because variation in sex, sexuality and gender is common, it is incumbent on all psychologists to have a basic awareness, familiarity and skill level to receive any client in a respectful and supportive manner.

Areas of cultural competence in working with sex, sexuality, and gender diverse clients

Awareness. Psychologists are encouraged to be aware of New Zealand's historical and current socio-political and cultural history around sex, sexuality and gender diverse identities, and in particular the ways in which their profession has pathologised sex, sexuality and gender diverse clients, and to reflect

¹ Cisgenderism is defined as the systemic delegitimization of people's own understanding of their genders and bodies (Riggs & Fell, 2010)

² Rainbow communities' is a broad umbrella term that covers a diversity of sexual orientations, as well as gender and sex identities. The term is inclusive of, but not exclusive to: lesbian, gay, bisexual, transgender,

intersex, takatāpui, whakawahine, vakasalewalewa, fakaleiti, tangata ira tane, 同志 (tongzhi), mahu, palopa, fa'afafine, akavaine, fakafifine, queer, questioning, asexual, genderqueer, pansexual, and genderfluid (Auckland Council, 2016).

on how this impacts clients' accessing and using health care services

Psychologists are encouraged to be aware of and reflect on heterosexual and cisgender privilege and the importance of advocating for equal access to systemic resources including within the legal, medical and justice systems

Psychologists are encouraged to be aware of and reflect on their own sex, sexuality and gender identity and the social discourses that have shaped and continue to shape these identities

Psychologists are encouraged to be aware of and reflect on the client's sex, sexuality and gender identity and how this identity intersects with other aspects of their identity, lived experience and understandings of their world.

Psychologists are encouraged to be aware of and reflect on the impact of minority stress and marginalisation of sex, sexuality and gender diverse people and how this may be perpetuated within a therapeutic relationship and healthcare services.

Psychologists are encouraged to be aware of and reflect on the diversity of the sex, sexuality and gender diverse community. Although all psychologists should have a basic level of knowledge in this area, psychologists must get to know the client in front of them on an individual level. While there are common experiences and needs among sex, sexuality, and gender diverse clients, these will not apply to all clients at all times

Psychologists are encouraged to be mindful of the power of language and endeavour to use correct, validating and inclusive language where possible, while also being aware of avoiding language that might diminish, offend or alienate clients (e.g. using the wrong and non-preferred gender pronoun.)

Knowledge. Psychologists are encouraged to be knowledgeable about the lived experiences of sex, sexuality, and gender diverse people in Aotearoa New Zealand. A lack of knowledge by the psychologist may significantly reduce treatment efficacy, risk further stigmatisation, marginalisation, and heighten minority stress. Knowledgeable, competent and affirmative psychologists, however, are more likely to help buffer the experiences of stigmatisation and exclusion of the sex, sexuality and gender diverse population, and are better equipped to attend more holistically to a client's life and related issues, thereby improving the potential for treatment efficacy. The areas in which psychologists are encouraged to increase their knowledge are described in the following sections:

Minority stress. Minority stress refers to the stress associated with being marginalised, discriminated against, or having different cultural and/or social frameworks to the majority of the population. Minority stress has been linked to an increased risk to physical and mental health, and negative impacts on well-being. International research demonstrates people who are sex, sexuality and gender diverse are at greater risk of mental health problems such as self-harm, suicide,

depression, anxiety and substance use disorders compared to those outside of this community (Budge et al., 2013; Fredriksen-Goldsen et al., 2013; King et al., 2008; Lucassen et al., 2017).

Minority stress associated with a person's sex, sexuality and gender status, can also be exacerbated if they are also impacted on through exposure to belonging to additional minority or marginalised groups. For example, a sex, sexually and/or gender diverse client might also be subject to stress from their being a member of a marginalised ethnicity, physically challenged group or neuro-diverse group. In Aotearoa, the effects of colonisation on takatāpui (Māori who identify as sex, sexuality and gender diverse) should also warrant close attention by providers. In addition to dealing with their minority sexual orientations, lesbian, gay, and bisexual people of colour also experience racism and discrimination within LGBTIQ+ communities.

Pre-colonial Māori society. In pre-colonial Māori society, it is understood that people were accepting of others who were of diverse gender and sexuality and their place in society was valued. It is known that the impact of colonization on takatāpui (broadly: Māori who are sex, sexuality and gender diverse), was significant and the specific needs and vulnerabilities of sex, sexuality and gender diverse youth/-tamariki should be taken into account.

Psychologists should seek to understand the various developmental pathways of children and youth/tamariki who are sex, sexuality and gender diverse, with particular attention to theories of sexual and gender development, and understanding the fluidity of sex, sexuality and gender diverse identity, particularly in adolescence. Psychologists should also seek to understand the diversity of sexual development and expression.

When seeing a sex, sexuality and gender diverse young person/tamariki the psychologist should be aware that in spite of recent positive trends towards acceptance of in Aotearoa, sex, sexuality and gender diverse youth/tamariki (who generally lack economic independence and legal agency) are more likely to be negatively affected by experiences of discrimination and exclusion. Research shows sex, sexuality and gender diverse youth/tamariki experience higher rates of bullying and stress associated with disclosing sex, sexuality and gender diversity within whanāu or social circles and have a higher incidence of suicide, depression, self-harm, substance misuse, homelessness, partner and sexual violence compared to heterosexual youth/tamariki. Compounding these difficulties, sex, sexuality and gender diverse youth/tamariki also regularly encounter barriers

to accessing sexual, physical and emotional health services, particularly those youth/ who reside in rural areas

Socio-political context. Throughout history, most if not all countries have pathologised and criminalised sex, sexuality and gender diversity. Sadly, the mental health profession, often continues to pathologise sex, sexuality, and gender diversity despite the widespread and general acceptance that this diversity should no longer be considered being symptomatic of a mental illness (i.e. previous DSM III-R categorisation of “sexual disorder not otherwise specified” and the current DSM 5 inclusion of Gender Dysphoria). Unsurprisingly, this stigmatisation creates barriers to many sex, sexuality and gender diverse people effectively and successfully accessing and benefiting from health services, which has consequent negative health outcomes. In the recent ICD-11 Gender Incongruence has been moved out of mental health disorders and now sits under conditions of sexual health. In some countries, having these diagnostic categories does allow for access to services via medial insurance.

Psychologists are encouraged to have knowledge of Aotearoa New Zealand’s socio-political history as well as the current political and social climate. Many people who are sex, sexuality and gender diverse experience negative impacts throughout their life span arising from discrimination, social stigmatisation, and internalised stigma.

While there has been increasing legal acceptance in Aotearoa New Zealand, stigmatisation and exclusion continues and certain groups remain exposed to greater levels of stigmatisation and inequity. People who identify as bisexual are frequently exposed to increased stigma due to their identity contradicting widely held binary views of sexuality, that one is either hetero- or homosexual. There continues to be significant inequalities for transgender people accessing gender-affirming health care.

Different cultural and religious understandings of gender, sex and sexuality. There are different cultural understandings of sex, sexuality and gender. Māori, Pasifika, and Asian groups often have differing concepts and language for the expression of diversity in their domains. Similarly, different faith-based groups, (and even branches of the same faith) hold differing beliefs about sex, sexuality and gender. Psychologists should also be aware that their own views may be quite different from other cultures’ and religions’ views of sex, gender and sexuality.

Knowledge of terminology and language. Psychologists are encouraged to learn and utilise terms often used by members of the sex, sexuality and gender diverse communities. It is important that psychologists take the responsibility and associated initiatives to educate themselves regarding relevant terminology, community and local resources, rather than expecting and relying on their client to educate them. Psychologists should recognise that there are many forms of expression and identity for people who are sex, sexuality and gender diverse including the interaction of multiple identities, that identities may not be fluid and not fixed, and that identities may shift through a person’s lifetime.

A critical analysis of research and its interpretation when working with people who are sex, sexuality and gender diverse. While there is now research and literature both in Aotearoa New Zealand and overseas regarding the experiences of people who are sex, sexuality and gender diverse, the history of stigmatisation and fundamentalist religious views can still influence how information and research about people who are sex, sexuality and gender diverse is undertaken and conveyed. For example, ‘conversion therapies’ (‘so-called’ interventions designed to change a person’s sex, sexuality, and/or gender diversity status) have never been able to withstand the scrutiny of rigorous scientific enquiry, however they continue to be used today despite being condemned by many professional organisations as being unethical, unprofessional, and harmful.

The complexity and diversity of the contemporary lives of people who are sex, sexuality and gender diverse. Psychologists should understand that the lives of people who are sex, sexuality and gender diverse will vary substantially. There is no single LGBTIQPA+³ community, and the relevant and sub-communities that do exist are not always or necessarily coherent or internally supportive of all sex, sexuality and gender diversity. Psychologists working with and alongside this community should also endeavour to understand the impact of HIV/AIDS on the rainbow community, including reflection on experiences of stigma and the intersection between minority stress and health related issues. Furthermore, clients or their LGBTIQPA+ whānau may have had distinctly different experiences depending upon their age and whanau/ family structures, including polyamorous relationship structures.

Skills. As psychologists we are frequently challenged by or work with clients whose

³ Lesbian, gay, transgender, intersex, queer, pansexual, asexual+ community

experiences, values, beliefs, ethnicity, psychical ability, and lifestyle are very different to our own. For many of us, working with and alongside this community, might offer us the opportunity to relate to people who differ from us with respect to their genders, sexuality, preferences and orientations. Psychologists have a responsibility to provide safe, responsible, ethical and effective care and service to all clients, regardless of those differences.

Previous sections of this document have discussed the importance of Awareness and Knowledge. The following section discusses the skills that psychologists require to work safely and effectively with sex, sexuality and gender diverse clients. These skills might best be seen on a continuum, from essential skills that all psychologists should possess with competency with respect to working with sex, sexuality and gender diverse clients who might present for assessment and treatment, to more advanced and optimal or aspirational skills, for those psychologists who offer more specialised services.

Essential skills for working with sex, sexuality, and gender diverse clients. Psychologists should take an explicitly affirmative approach to sex, sexuality, and gender diversity, where sex, sexuality and gender is understood as potentially fluid and potentially nonbinary. All identities and expressions are part of human diversity. Psychologists can communicate their affirmative stance through use of tone and comfortable body language, as well as through institutional signals of safety including rainbow flags, stickers, or posters, toilets for people of all genders, and inclusive questions about gender on intake forms and surveys (i.e., no male/female tick boxes)

Assessment of own skill. Psychologists should undertake a self-assessment of their own skill in working with sex, sexuality, and gender diverse clients, using this list as a guide. If necessary, psychologists may seek training and support. Community organisations such as Affinity Services, RainbowYOUTH, Gender Minorities Aotearoa, and InsideOUT provide training, or there may be a local rainbow organisation which could be contacted. Community organisations are typically underfunded, so if there is no set fee for training psychologists can provide a generous koha as a more tangible expression of support.

Appropriate language use. Psychologists should know the meaning of common terms, including lesbian, gay, bisexual, transgender, nonbinary, asexual, polyamorous, cisgender, intersex, and dysphoria

Psychologists should match the client's language, particularly regarding their own identity e.g., if a client describes themselves as 'queer' do not refer to them as 'gay'. The psychologist should ask the client directly how

they would like to be referred to. Some persons have preferences about what pronouns should be used to refer to them.

Comprehensive assessment. Psychologists should ask open questions that invite clients to decide when they want to discuss identity, e.g., instead of asking "what is your sexual orientation?" ask "is sex, sexuality, or gender something you want to talk about in this space?" As part of your assessment practice discuss clients' coming out journey, enquire about support from friends and whānau, and whether or not there are experiences of, or concerns about, stigma and discrimination.

Appropriate focus. Psychologists should invite clients to determine the focus of therapy and follow their lead. This may or may not include discussions of sex, sexuality, and gender diversity, as well as the ways in which identity impacts on clients' mental health

Referral when needed. If a psychologist is unable to provide a client with the support they need (e.g., around gender-affirming healthcare, psychosocial support through transition, working with family/whānau, or questioning gender or sexuality), the psychologist should refer the client to an appropriate practitioner. However, in 'referring on' the psychologist should be mindful that the client might feel pathologised or that they have problems or challenges that are 'too serious' for you to manage. This might replicate and/or increase their feelings of alienation, low self-esteem and sense of being different.

Seeking supervision. The psychologist should seek appropriate supervision when working with sex, sexuality, and gender diverse clients. Sometimes this may require seeking supervision from someone other than your usual supervisor if that practitioner does not have knowledge in this area.

Conclusion

Best practice guidelines offer psychologists a summary of evidence-based practice in a particular area of the profession that they practice in, in order to set a standard of care in the delivery of psychological services. Whilst international guidelines and best practice benchmarks are very important to guide global psychological practice standards, the value of developing best practice guidelines specific to a country's culture and context cannot be emphasised enough. Competent practice occurs in relation to the intersection of identities which are unique to place, context and culture. In contextualising and citing parts of the BPG in article format the authors hope to disseminate this information to a wider audience and increase the competence in the national workforce to offer ethical and evidence-based practice to clients with diverse sex characteristics, sexualities and genders.

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