

An Unintended Consequence of Online Directories for People Seeking Sex-Positive Psychotherapists

Karin E. Wandrei
Private Practice, Robert Park, CA (USA)
National University (USA)
karin@karinwandrei.com

Abstract

Feeling safe is an important element of successful therapy. Sexual and gender minorities often experience bias in their therapy encounters. While the existence of online directories can be valuable for people seeking sex-positive therapists, there can also be unintended negative consequences. Since most directories allow therapists to check off their areas of expertise, a therapist can indicate an expertise that they do not really have. This can result in clients not getting the help they need and even worsening their situation. This article provides recommendations as to how this can be addressed and recommendations for future research.

Introduction

Feeling safe is a core aspect of client success in psychotherapy (Siegel and Hilsenroth, 2013). Despite its importance, there is almost no research in this area. Siegel and Hilsenroth (2013) found that safety correlated with the depth of the session, how smoothly it ran, and how positive it felt to the client. It also was significantly associated with a positive therapeutic alliance. Safety is what allows clients to open up, be vulnerable, and take risks knowing they will not be judged or rejected by their therapist.

However, there is research indicating that some sexual and gender minorities may encounter bias that could interfere with feeling a sense of safety. Garnets, Hancock, Cochran, Goodchilds and Peplau (1991), Shelton and Delgado-Romero (2013), and Eady, Dobinson and Ross (2011) found negative bias against LGBQAI clients, although Eady et al. found both positive and negative experiences for bisexual clients. To address this bias, in 2000, the American Psychological Association adopted guidelines for working with LGB clients which were revised in 2012 (American Psychological Association, 2012).

Bockting, Robinson, Benner, and Scheltema, (2004) found high patient satisfaction among transgender patients who received mental health care. Willging, Salvador, and Kano (2006) did not find this in their study of transgender patients in a rural state. In a recent study, however, Bettergarcia and Israel (2018) utilized mock therapy vignettes to assess perception of the therapeutic relationship by transgender participants. Viewing a video where the therapist had a nonaffirming attitude had a significant negative effect on the participant's evaluation of the therapist and the therapeutic relationship. The American Psychology Association adopted guidelines (American Psychological Association, 2015) for working with transgender and gender non-conforming clients.

Kolmes, Stock, and Moser (2006), Lawrence and Love-Crowell (2008), Hoff and Sprott (2009), and Nichols (2006) have found evidence that some psychotherapists have negative attitudes toward kink sexuality. Ford and Hendrick (2003) found that psychotherapists were more comfortable working with clients involved in same-sex and group sex than with those involved with BDSM.

Knapp (1975) and Hymer and Rubin (1982) found that therapists often had negative attitudes towards clients involved in open relationships. Schechinger, Sakaluk, and Moors (2018) recently studied the experiences of consensually non-monogamous (CNM) clients in therapy. Finding a CNM-affirming therapist is associated with positive treatment outcomes such as experiencing less discrimination and rating a therapist as more helpful. However, one fifth of their sample, even those who specifically sought out a CNM-affirming therapist, indicated that their therapist lacked basic knowledge of CNM, and this impacted on how effective the client perceived therapy to be (Schechinger et al., 2018).

Clients who are sexual and gender minorities need a sex-positive therapist in order to feel safe to do the work they need to do. Donaghue (2015) sees sex positivity as emphasizing nonjudgmental attitudes, liberation from anti-sex attitudes, openness, and freedom. Cruz, Greenwald, and Sandil (2017) present suggestions for how therapists can incorporate sex positivity in their practice. These include exploring their personal attitudes and beliefs about sexuality, developing sex-positive knowledge and comfort about sexuality, integrating multiculturalism and social justice, proactively raising sex and sexuality as topics, and knowing the limits of bringing up sexuality in therapy.

Discussion

How can a prospective client interested in finding a sex-positive therapist find one? Many clients turn to online directories, especially *Psychology Today* (2018), regional directories and some specialized sex-positive directories, such as Polyfriendly Professionals (2018) and Kink-Aware Professionals sponsored by the National Coalition for Sexual Freedom (2018). The development of online therapy directories is what Merton (1957) would refer to as having a positive manifest function.

While I was unable to find data to confirm this, *Psychology Today* (2018) seems to dominate the marketplace for online therapy finders. Articles on online therapy directories always mention it, usually in first place, and it usually comes up in first or second place in online searches for therapists. On the *Psychology Today* (2018) site, a client can search for a therapist who indicates that they are comfortable working with transgender issues and with gay men, lesbians, and bisexuals. While a therapist can add in their profile listing that they work with people in open relationships under “Communities,” “Communities” is not on the search engine and “kink/BDSM” or “polyamory/non-monogamy” are not listed under “Issues” or “Sexuality.” In 2018 the American Psychological Association developed a task force on Consensual Non-Monogamy (Schechinger, 2018). This task force, which has improving provider directories as an initiative, was successful in advocating for *Psychology Today* (2018) to allow therapists to indicate that they were sex positive, but at this time (July 2019), clients cannot search on this information. Other popular national online therapy sites are worse. Goodtherapy (2019),

TherapyTribe, and Theravive have no ability to search for sex positive therapists. However, TherapyDen, a new site which is still small, does allow clients to search for specialties such as CNM, gender identity, kink and LGBTQAI. There are also some sex-positive sites on a local level, such as Bay Area Open Minds (2019) and GAYLESTA (2019) in the San Francisco Bay Area.

Despite the generally positive function of online directories, they can also have unforeseen consequences, described by Merton as latent dysfunctions, which are unintended and harmful. A consumer can see a listing and make assumptions about the expertise of the therapist that may not be warranted. Hill, Spiegel, Hoffman, Kivlighan, and Gelso (2017) have reviewed the literature on how therapist expertise is assessed and found a lack of adequate research. They believe this is related to the inadequate definition and operationalization of the concept of therapist expertise. They propose eight criteria for assessing expertise, along with ways of assessing each criterion. These include performance, cognitive functioning, client outcomes, experiences, personal and relational qualities of the therapist, credentials, reputation, and therapist self-assessment. While generally supporting most of Hill et al.'s work, O'Shaughnessy, Du and Davis (2017) believe that what is missing in this article is a discussion of privilege and power as it relates to who decides what makes an expert. They point out that it is professionals who are in power who set the criteria for competence, that experience and credentials by themselves do not make one an expert, that reputation is related to having the resources to network, for example, such as attending national conferences. O'Shaughnessy, Du and Davis (2017) propose that expertise is not a destination to be reached but an ongoing process and that there are many ways of being an expert therapist. They support measuring client outcomes as being the primary way to assess expertise.

While this issue of presumed expertise is much broader than appropriate affirming therapy for sexual and gender minorities, given the negative stigma and lack of accurate information for this population that could occur, the consequences could be particularly serious. All directories ask therapists to self-select their specialty areas and usually no one verifies what the therapist lists. The therapist can claim expertise even if this involves attending only one two-hour training. Therapists who are trying to build a practice often make the misguided assumption that it is best to list expertise in as many categories as possible.

All mental health professions address the issue of scope of practice in their licensing laws. A competent therapist should not work outside of the area of their expertise. While personal experience can be an important element of establishing expertise, a therapist may not be sensitive to the diversity within different communities. Most therapists would acknowledge that a therapist does not need to be a member of a community in order to effectively work with its members. This is especially true in areas where the pool of potential therapists is small.

There is no research on client's use of online directories to find therapists. I have compiled some anecdotes indicating that there may be negative unintended consequences that are consistent with the research on the bias of psychotherapists against sexual and gender minorities in therapy. J.S. Very (2018), a licensed marriage and family therapist, describes their experience with a cisgender male therapist who advertised as being "trans-friendly." After two years of therapy, not only did the therapist refuse to write the letter for Very to change their driver's

license, but he told Very that he did not know how to write such a letter and refused to pursue any additional training or consultation on working with transgender clients. Clearly this therapist was not comfortable with Very's identity as transgender. This is a huge contradiction for a therapist who states they are "trans-friendly." Very states that in their current therapy practice, their clients spend most of their sessions working on the trauma from working with previous therapists who indicated that they were "trans-friendly" or "trans-competent" therapists.

In another example, a therapist indicated in an online directory that she is a member of the American Association of Sex Addiction Therapists, specializes in sex addiction treatment, and is a sex-positive therapist. Identifying as a sex addiction therapist while also claiming to be sex-positive would strike many sex-positive therapists as contradictory. Sex addiction is a very controversial diagnosis that is not listed in the *Diagnostic and Statistical Manual of Mental Disorders V* (American Psychiatric Association, 2013). The American Association of Sexuality Educators, Counselors, and Therapists, the largest national association that certifies sex therapists, published a statement in 2016 stating that there is not enough evidence to support a sex or pornography addiction diagnosis and such a diagnosis can be used in harmful ways. While sex-positive therapists acknowledge that there are people who use their sexuality in ways that negatively impacts their lives, most are unlikely to use the diagnosis of sex-addiction.

A therapist reported to me that his partner used an online directory to find a therapist who was comfortable working with transgender issues. When the prospective client started talking about the WPATH standards (World Professional Association for Transgender Health, 2011) the therapist did not know what this was and said he would have to study up on it. Knowledge of these standards is considered a core competency for therapists working with transgender people.

A member posted on a listserv of sex positive therapists I am on stating that she ("Ellen") was moving into my community and was interested in starting a private practice using post-degree therapists who were working on accumulating hours for their licenses. I posted a reply welcoming Ellen to the community and suggested we get together to network. I said that I had done clinical supervision for many years and suggested that as a newcomer Ellen might want to look at working for an agency first. Ellen sent an angry reply, apparently offended at the idea that she should start at an agency and accused me of trying to undercut her business. Shocked by this unprofessional response, I decided to look more into Ellen's background. I checked Ellen's license and found that she had been licensed one and a half years. In California, a therapist with Ellen's license is required to have been licensed at least two years before doing clinical supervision. I found Ellen's LinkedIn profile and discovered that Ellen had gone to a Christian Evangelical graduate program and all her relevant clinical experience was in the public mental health sector. Nowhere did I see anything indicating that Ellen had any experience relevant to working with transgender or LGBTQ or open relationship or kinky populations, despite listing herself in a directory for sex-positive therapists. I contacted a member of the board. While the board member shared my concerns, they stated that the Board did not feel it was appropriate to determine if someone practiced consistent with the organization's mission. It would seem that a prospective client would assume that anyone listed in this directory would be sex-positive. Would this organization have said the same thing if someone listed that they specialized in reparative therapy?

Conclusion

What can be done to address these concerns about online directory listings for those who are seeking sex-positive therapists?

Consumers need to be encouraged to inquire about the stated expertise of their therapist. If possible, they should get feedback from people in the sex-positive community. Some useful questions could be: What percentage of their clientele has been from this community? What trainings have they received? Do they have personal experience with the community? Teachers and workshop trainers, especially those who do introductory workshops on working with sexual and gender minorities, should bring up the issue of claiming expertise on working with these populations if it is based solely on their attendance in one workshop or class.

Therapists need to be more mindful of what they indicate as their expertise. They should ask themselves: How many clients have I seen from this community? How comfortable was I doing this work? How successful was the work? What training have I received? Has it been recent? Am I a member of this community or do I have close friends or family members who are? If I am a member or close friend, am I aware of the diversity that exists within these communities? If the therapist answers these questions with a no, they should not indicate that they are an expert.

When therapists refer clients to therapists they do not personally know or know only by reputation, they should carefully review directory listings and web sites and perhaps Google them. If a therapist indicates that they are comfortable working with LGBTQAI clients, but in their description of how they work with couples, all their examples are about heterosexual couples, this should raise a concern.

Directories could be more aware of this issue. It is not realistic to expect them to verify the expertise of the therapists who list with them. But they could ask therapists to be mindful of this issue in their instructions and give some suggestions as to what might constitute expertise with a community. They could ask therapists to list the 3 to 5 major population groups they serve and then allow them to select other groups.

In smaller therapist organizations, board members could contact new listees and welcome them, informing them of the work the organization does to promote sex-positive psychotherapy, ask why they joined, and how their interests coincide with the organization.

This discussion suggests some areas for future research. What are the common ways that clients find therapists? Is there a difference in outcomes based on how the therapist was found? What has been the experience of clients who have found therapists who have identified as sex-positive? How do therapists identify their areas of expertise when they fill out their profiles? Do therapy sites provide guidelines for therapists in this area? What happens if someone complains about what they feel is an inaccuracy in a listing?

Overall, online therapy directories have been a helpful resource for clients to find sex-positive therapists and for therapists who have this expertise to reach out to prospective clients,

especially in rural and conservative areas. The prospective client needs to be aware that what they see online may not be accurate. Sex-positive therapists should be encouraged to raise this issue whenever they have an opportunity.

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