



DIVISION OF CLINICAL PSYCHOLOGY

The Hong Kong Psychological Society

香港心理學會臨床心理學組

<http://dep.hkps.org.hk>



Background to the Development of the Position Paper for Psychologists Working with Lesbians, Gays, and Bisexual Individuals

August 1, 2012

In light of the absence of practice guidelines for lesbians, gays, and bisexual individuals for psychologists in Hong Kong, the Division of Clinical Psychology (DCP), Hong Kong Psychological Society (HKPS) decided to establish a work group towards this efforts in July 2011. The Work Group on the Position Paper for Psychologists Working with Lesbians, Gays, and Bisexual Individuals consists of ten DCP members (please refer to the Appendix for the membership list). To account for the specific concerns that may be relevant to sub-disciplines within psychology, the DCP Committee, upon suggestion from the HKPS Council, recommended the Work Group to invite members of other HKPS divisions to join in the discussion and drafting of the guidelines. In response to this recommendation, the Work Group has invited four members from Division of Counseling Psychology (DCoP), Division of Educational Psychology (DEP), and Division of Industrial-Organizational Psychology (DIOP) to the discussion and drafting of the guidelines. Upon careful discussion and reference to the existing practice guidelines and position statement from major psychological and medical associations in the Western countries, the Work Group has drafted the guidelines and this background supplement and submitted to DCP, DCoP, DEP, and DIOP Committees for endorsement on January 4, 2012. Since then, the DCoP and DEP Chairpersons have circulated the guidelines and this background supplement through email to Committee members with no comments received on January 2012, the DCP Committee has discussed it at its meeting on January 11, 2012, and the DIOP Committee has discussed and supported the guidelines and this background supplement at their Committee meeting on February 8, 2012. The guidelines and this background supplement have also been emailed to DCP members for feedback from March 19-30, 2012. Comments from six DCP members have returned and the Work Group has prepared a detailed response to the comments and has submitted the revised guidelines and the background supplement to the DCP Committee for its endorsement. At the Annual General Meeting of the DCP on May 26, 2012, the guidelines were renamed as position paper and both the position paper and the background supplement were endorsed. On August 1, 2012, the position paper was endorsed unanimously by the HKPS Council as the official position paper of the HKPS.

The position paper is written based on the principle of upholding professionalism in the provision of ethical and evidence-based practice to our service users and society-at-large. As such, our Work Group has meticulously studied and referenced methodologically rigorous research studies and existing practice guidelines and position statements from the American Psychological Association, American Psychiatric Association, Australian Psychological Society, Australian Medication Association, Canadian Psychological Association, Psychological Association of the Philippines, The Royal Australian and New Zealand College of Psychiatrists, The Royal College of Psychiatrists of the United Kingdom, United Kingdom Council for Psychotherapy, and The Hong Kong College of Psychiatrists.

The following sections provide a background on the major milestones related to homosexuality and bisexuality in the mental health field. In 1973, the American Psychiatric Association has removed homosexuality from the seventh printing of the second edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-II) (American Psychiatric Association, 1968). Although a new diagnosis of ego-dystonic homosexuality was created for the Third Edition of the DSM in 1980 (American Psychiatric Association, 1980), this diagnosis was strongly criticized by the community of mental health professionals for the perpetuation of stigma towards LGB individuals and the lack of scientific ground to have a stand-alone diagnosis for psychological problems of LGB, when these issues can be adequately covered by general diagnostic categories. Thus, in 1986, the American Psychiatric Association has removed the diagnosis from the DSM-III-R (American Psychiatric Association, 1987).

Since 1974, the American Psychological Association has been at the forefront in fighting against prejudice towards LGB. It has declared that homosexuality and bisexuality are not mental disorders and thus need not be treated (2011a). This position is also endorsed by professional associations in the mental health field in the United States including the American Academy of Pediatrics, American Counseling Association, American Psychiatric Association, American School Counselor Association, National Association of School Psychologists, and National Association of Social Workers (Just the Facts Coalition, 2008) and other Western countries including the Australian Psychological Society, Australian Medication Association, Canadian Psychological Association, The Royal College of Psychiatrists of the United Kingdom, United Kingdom Council for Psychotherapy, and The Royal Australian and New Zealand College of Psychiatrists.

Furthermore, in 1997, the American Psychological Association issued the APA Resolution on Appropriate Therapeutic Response to Sexual Orientation (APA, 1998). In 2000, Division 44 of the American Psychological Association together with the Committee on Lesbian, Gay, and Bisexual Concerns Joint Task Force on Guidelines for Psychotherapy with Lesbian Gay, and Bisexual Clients published the Guidelines for Psychotherapy with Lesbian Gay, and Bisexual Clients in the journal, *American Psychologist*. The guidelines were also revised in early 2011 with the latest evidence for psychological practice with LGB clients (Division 44/Committee on Lesbian, Gay, Bisexual, and Transgender Concerns Guidelines Revision Task Force, 2011). On

August 5, 2009, the American Psychological Association Council of Representatives passed twelve resolutions including: (1) affirming that same-sex sexual and romantic attractions, feelings, and behaviors are normal and positive variations of human sexuality, (2) homosexuality is not a mental disorder, (3) there is insufficient evidence to support sexual orientation change efforts, and nine other resolutions related to sexual orientation, accurate dissemination of scientific information, and promotion of sexual minorities' well-being (Anton, 2010). In Asia, the Psychological Association of the Philippines (2011) has issued a statement of non-discrimination based on sexual orientation and gender identity expression. Recently in November 2011, The Hong Kong College of Psychiatrists has issued a position statement on sexual orientation stating "homosexuality is not a psychiatric disorder" and "there is, at present, no sound scientific and clinical evidence supporting the benefits of attempts to alter sexual orientation."

To date, there is little empirical evidence showing long-term effects or generalizability of any sexual orientation change efforts (SOCE) (American Psychiatric Association, 2000; American Psychological Association, 2009, 2011b; Cramer, Golom, LoPresto, & Kirkley, 2008). In view of the lack of rigorous research on the safety of SOCE (including those that claim to increase self-determination), any attempts to change sexual orientation may heighten distress and impair mental health in some individuals, inducing potential risks such as depression, self-destructive behavior, and suicidal thoughts (American Psychiatric Association, 2000; Division 44/Committee on Lesbian, Gay, Bisexual, and Transgender Concerns Guidelines Revision Task Force, 2011).

Meanwhile, ample scientific studies demonstrated that LGB generally experience minority stress (Meyer, 2003). The stigma, prejudice, and discrimination that LGB experience create a hostile and stressful social environment, which leads to mental health problems among LGB. Stress can be induced from the experience of prejudicial and discriminatory events, expectations of rejection, hiding and concealing, internalized homophobia, and ameliorative coping processes. In 1982, the Canadian Psychological Association endorsed a principle of no discrimination on the basis of sexual orientation; followed by another principle detesting the use and misuse of information to justify prejudicial discrimination against sexual orientation as unethical in 1984 (Canadian Psychological Association, 1984). In 1996, the Canadian Psychological Association further supported "the inclusion of sexual orientation as a protected ground of discrimination against lesbians, gay men, their relationships and their families in all human rights legislation, public policy, regulation, procedure and practice" and extended its opposition against "prejudice, bias, and discrimination on the basis of sexual orientation in all areas" (Canadian Psychological Association, 1996).

Instead of SOCE that has no scientific evidence on its efficacy, the American Psychological Association (2009) suggested providing evidence-based therapy that affirms the clients' sexual orientation and explore with them assumptions and goals that may be originated from societal pressure and norms. Thus, evidence-based affirmative therapy has the aim in facilitating better

understanding and integrating their sexual orientation with the premise that sexual orientation cannot be changed. What LGB need is not reparative approaches to convert them to become heterosexual, but evidence-based interventions at both the individual and community levels to manage their stress, promote their well-being, and to reduce oppression in society.

The DCP's Position Paper for Psychologists Working with Lesbians, Gays, and Bisexual Individuals was developed based on these decades of research evidence and supporting documents from major associations in the mental health field. We hope that the Position Paper can contribute to HKPS's continued efforts in upholding ethical and professional standards in the field of psychology in Hong Kong.

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Appendix 1.

Membership of Work Group on the Position Paper for Psychologists Working with Lesbians, Gays, and Bisexual Individuals

Members

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Ms. Olivia Jung (Secretary)

Ms. Eliza Cheung

Dr. Annie Chu

Mr. Kim Ching Ip

Ms. Charlene Lam

Dr. Eugenie Leung

Ms. Candy Ling

Ms. June Tang

Ms. Veronica Wai

In attendance

Prof. Cynthia Leung (DEP Chairperson)

Mr. Frank Leung (DCoP Chairperson)

Dr. Trisha Leahy (DCoP member)

Prof. Winton Au (DIOP member)