

Association for Psychological Accreditation

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EMPATHY
CONGRUENCE
UNCONDITIONAL POSITIVE REGARD

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Home of The International Psychological Standards & Accreditation Council

APA Equality and Diversity Commitment



Equality and Diversity Commitment

APA is dedicated to ensuring equality and diversity across the therapeutic community.

We, therefore, maintain and protect the neutrality of our membership assessment process. All APA members will be assessed on their experience, capacity, capability, commitment, and use of self-awareness to support and enhance the therapeutic growth of their clients.

We believe that generations of segregation, by identification categories, have been counterproductive in the desire to affect inclusive diversity and equality. Highlighting differences to show inclusion is by nature an oxymoron.

APA does not request members to declare their race, religion, sexual orientation, physical / emotional ability, or any other such personal details. Members that meet the qualifying requirements for the appropriate membership category will be treated as equals, across the APA membership and within the wider therapeutic community.

This commitment to neutrality extends to ensuring there is no bias in favour of members on the same basis, of their race, religion, creed, sexual orientation or any other such personal details.

We ask that all members acknowledge that to adjust one's treatment of a client or colleague, based on their race, religion, creed, sexual orientation or any other such personal details, is a fundamental breach of ethical and professional conduct, as to do so brings the whole industry into disrepute.

APA acknowledges and accepts that reasonable adjustments can and should be made to positively facilitate and accommodate the needs of clients with disclosed mobility and sensory challenges.

In becoming an APA member, professionals across the membership demonstrate a desire to develop effective solutions and communication, that increases the effective inclusion and normalisation of a diverse culturally experienced base within the therapeutic community.

We commit to uphold all legal requirements and confirm that no preferential treatment or protection will be extended to members based on their race, religion, creed, sexual orientation or any other such personal details.

Our Commitment is to treat all members, from all backgrounds and experiences, equally.



APA Response to 'Conversion Practices'

Definitions

In a joint Statement the College of Psychiatrists of Ireland, the Psychological Society of Ireland, and the Irish Association for Counselling and Psychotherapy, stated that

“Conversion therapy is a term for therapy that assumes certain sexual orientations or gender identities are inferior to other and seeks to change or suppress them on that basis. This is sometimes referred to by terms including, but not limited to, ‘gay cure therapy’, ‘reparative therapy’, or ‘sexual orientation and gender identity change efforts’.

The LGBTQ+ Campaign Group: Stonewall describe Conversion practices as being

“One-directional: the intention is to get a person to change or their sexual orientation or gender identity. This is the opposite of appropriate, affirming and healthy therapy or counselling, which will support an individual who is exploring their sexual orientation or gender identity whatever the outcome may be.”

What the Doctor says

Professor Colin Melville Medical Director and Director of Education and Standards, General Medical Council (GMC) said in 2021

The GMC supports the aim of this proposed legislation to put an end to so-called conversion therapy practices in the UK. We would take very seriously any allegation about a doctor engaging in so-called conversion therapy and our guidance clearly sets out that any such therapy is inconsistent with our standards.

Note: the “**so-called** conversion therapy practices.”

Dr Lorcan Martin, President of the College of Psychiatrists of Ireland and a consultant in general adult psychiatry, said:

“There is no place in a modern, progressive society for conversion therapy, which seeks to target and undermine certain people with potentially very serious results. The absence of societal inclusivity or acceptance can have a major negative impact on a person’s mental health, and we hope that today’s announcement helps inform the public of the risks of conversion therapy, ensures healthcare professionals are aware of issues related to this practice and, ultimately, that conversion therapy is fully eradicated...”



Dr Ger McNamara, representative of the Psychological Society of Ireland and senior clinical psychologist in adult mental health, said:

“The aim of our work is to help reduce human suffering. We do this by using evidence-based assessments and therapies. The evidence base for conversion therapy shows at best it doesn’t work and at its worst is harmful, creating more suffering in those who undergo it. We come together today to unequivocally state, conversion therapy is not acceptable...”

What APA Says?

Conversion Practices are NOT Therapy. Conversion Practices are rooted in fear, ignorance and often a failure to accept others. Conversion Practices are Coercive Abuse and have no place in the modern world, especially in the arena of therapeutic counselling, psychotherapy or coaching.

APA’s PUBLIC POSITION STATEMENT

APA believes that the affiliation between Conversion Practices and therapy is a malicious and deliberate attempt to legitimise an abusive and dangerous practice.

Conversion Practices are rooted in fear, ignorance and often a failure to accept others. Conversion Practices are Coercive Abuse and have no place in the world, especially in the arena of therapeutic counselling, psychotherapy or coaching.

Conversion Practices are an external intervention that seeks to change a person’s sexual orientation or gender identity. Conversion Practices target a single, predetermined outcome, to ‘cure’ someone from being lesbian, gay, bi, trans, ace, intersex and/or queer, unlike Therapy, that works to empower a personal awareness, acceptance and freedom of choice.


Throughout history, perpetrators of abuse have sought to justify their actions and perpetrators of conversion practices are no different. The truth is that no abuse is justified or protected based on the perpetrators perceptions, views, opinions or beliefs.

Conversion Practices are counter-intuitive to the purposes of therapy and therefore APA rejects any association between therapy and conversion practices.

**Conversion
Practices
are NOT
Therapy**



APA's Response

1. Conversion Practices are in their singular focus Unethical, Non-therapeutic and are therefore **not acceptable** within APA's Ethical and Professional Protocols.
2. Conversion Practices are often reported to be driven by presentations of shame, guilt, rejection, and a need for a person to become compliant to another's will. **This is coercive abuse and is illegal.**
3. Those that have experienced coercive abuse through Conversion Practices, **should be supported by a Recognised Specialist** in the field of Sexuality & Gender Awareness.
4. Due to the extreme vulnerability of those that experience or  are at risk of Conversion Practices, APA believes that **statutory 'Safeguarding' guidelines need to be modified** to include mitigating the risk of Coercive Abuse.
5. The use of **'perpetrator justification'** should, in APA's view be legally rejected in cases of Coercive Abuse involving Conversion Practices, just as they are in cases of Child Sexual Abuse or Assault based on Religious belief (so called Honour / Shame Killings, being the extreme example).
6. APA acknowledges the risk of objection on grounds of cultural and religious identity, However, **cultural and religious identity are not legal protections from the laws of abuse.** Conversion Practices are coercive and therefore, they are Abuse.
7. **APA seeks to protect gender affirming therapies, such as the Person-centred and Person-led approach** supporting individuals who are experiencing gender dysphoria, other forms of gender questioning, or who seek to transition socially, legally and / or medically, with **Empathy, Congruence and Unconditional Positive Regard.**



APA's Full Position Overview

Whilst the arena of Counselling, Psychotherapy and Coaching are unregulated a blanket ban that focuses on the terminology of 'Conversion Therapy' will only create new labelling, being delivered by alternative titles. APA believes that for a BAN to be truly effective, the focus would be best served by focusing on the Practices used by perpetrators of the abuse and using the legal protections that already exist for children AND vulnerable adults.

This would be possible by updating the National Safeguarding Guidelines to recognise the risk of harm and vulnerability for those individuals (of any age) exposed to coercive abuse based on the perception, (by others) that they are lesbian, gay, bi, trans, ace, intersex and / or queer.

APA would invite all relevant parties to discuss and explore the development of an effective reporting pathway and a supported recovery framework.

Where abuse or risk of abuse is identified or disclosed, irrespective of the age, life circumstances, or legal status of the victim, APA believes that the Post Disclosure Care Response must consider the wider support network, that is needed for a positive recovery from the abuse. This must be reinforced by the National Safeguarding Guidelines for all practitioners.

APA takes the view that any anyone using coercive abuse is acting outside the ethical boundaries of the Therapeutic space and presents a clear risk to vulnerable people of all ages. Such individuals should, in APA's view be prosecuted for that abuse and where the abuse is directed towards a child, the perpetrator should be required to be registered as an Offender against a Child. APA would support this legal requirement being extended to all offences against children AND vulnerable people.

As the sector of Counselling, Psychotherapy and Coaching is unregulated APA believes that clear direction is given in the Safeguarding Guidelines that any offender convicted and placed on the Register of Offenders against a Child should be legally excluded from any and all activity that affords the offender access (directly or indirectly) to any environment, (paid or unpaid), where vulnerable or at risk individuals are present. This includes training and educational environments, where the studying and qualifications would create access to vulnerable people and therefore create a risk of harm.

APA believes that whilst the sector is unregulated, the Voluntary Registers have a duty of care to uphold the National Safeguarding Guidelines, and calls on all Counselling, Psychotherapy and Coaching Registers to align with APA to collectively denounce 'Perpetrator Justification' and any affiliation between Conversion Practices and The Therapeutic Model.



APA seeks to support the development of a positive protection response for anyone that recognises the risk of harm from Conversion Practices. Creating a positive environment for discussion, disclosure and safe pathways to recovery for anyone that is abused in this way, simply for being lesbian, gay, bi, trans, ace, intersex and / or queer.

It should be made clear that APA does not ignore the risk of Conversion Practices being asserted against those, that have held their sexual identity privately for decades or are taking the brave steps to embrace it, as an older person. Vulnerability to Conversion Abuse does not in APA's view hold an age limit.

APA would hope that where there is a clear dynamic of a perceived position of power / authority, in the delivery, endorsement, or facilitation of Coercive Abuse, the criminal justice system will stand firm in prosecuting individuals as accessories to the abuse.

Training for Therapeutic professionals in this area has been woefully absent in almost all professional qualifying courses. APA advocates for this to be resolved as a matter of urgency, so that all Counselling and Psychotherapy Courses from Level 4 Diploma and above, incorporate awareness, response and recovery pathways. APA acknowledges the value of the current CPD packages in this area, along with the extensive lived experience of many qualified professionals.

It is clear to APA that those seeking effective therapeutic support, should be able to connect to and engage with professionals that have an elevated knowledge, understanding and experience of this sensitive topic.

APA applauds the efforts of all those that seek to end the abusive practices that have been hidden under the guise of 'Therapy'. We deplore those that have permitted the term 'Therapy', to be misused by those that cause harm.

APA Members

ALL APA Members abide by THE OATH OF ETHICAL WORKING

This includes the Ethical and Professional duty to report harm or risk of harm.

A client that presents having already experienced or currently experiencing exposure to Conversion Practices are guided to inform the client of the ethical need to report the harm or risk of harm.

This report in the first instance is to protect the client in the event of any escalation in the harm or risk of harm (including harm to self) This report allows for a support team to be formed for the professional to maximise the effectiveness of the professional support for the client.



Where the disclosure of harm or risk of harm is imminent the report should be made to the appropriate authorities and then relayed to the professionals' Supervisor and to the APA Membership Service.

Professional Support Activation

Tracking of Disclosure and Concerns

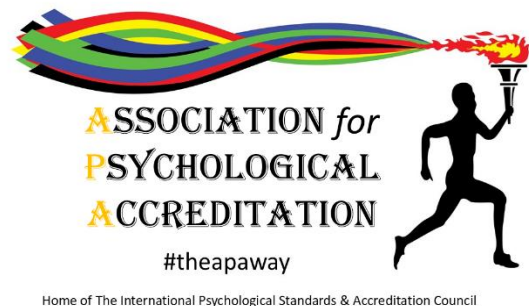
Access to a Recognised Specialist

Access to an Emergency Supervisor - (2 hrs included in Membership Subscription)

An individual support package can then be built to maximise the effectiveness of response. Protecting the professional and the client.

Where Coercive or Physical Abuse is reported to the police, the individual support package will include guidance on sharing session notes, and post disclosure communications. This is to ensure the confidentiality of the working environment is not compromised.

A new approach for new results



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