Guidance on teaching Equality, Diversity and Intersectionality in HIPC Training Organisations

1. Introduction

Equality, Diversity and Intersectionality (EDI) are important social constructs. They influence the development of the psyche and impact on the individual's internal and external working relationships thereby affecting their mental well-being. Understanding these issues and their impact is an important part of the trainee psychotherapist's personal and professional developmental journey which will influence their therapeutic relationships.

At this time as a profession we are at a critical point to be able to meet the challenges posed by the needs of our community. The increase in community polarisation, the rise in racism, homophobia and hate crimes, the refugee crisis, and environmental degradation is well documented. It affects those already more marginalised. In this context it is essential that we open and widen access to our training and client base. We need to be willing to look at what we are NOT doing on our training, and re-assess the quality and time given to EDI. Without this, individual students will potentially continue to be isolated in their experience within a training cohort.

Power operates in a complex systemic dynamic in our society that confers rank and privilege based on unconscious bias towards a white/male/cis gendered/middle class environment, and as a profession we are part of that system. As psychotherapists a crucial part of our role is to raise awareness of how unconscious biases support both individual and systemic oppression and marginalisation.

Intersectionality refers to the theory that an overlap of various social identities such as race, gender, class, sexuality, disability etc. contributes to systemic discrimination, so that one individual can fall into multiple oppressed identities. Teaching Organisations within HIPC are strongly encouraged therefore to allocate teaching curriculum time to the teaching of Equality, Diversity and Intersectionality in psychotherapy training.

This guidance is intended to support both training organisations and trainees in their exploration and discussion of issues related to Equality, Diversity and Intersectionality within a safe space. It offers guidance as to how the training organisations could adapt and integrate the above themes into their existing training programmes

The guidance is divided into six sections:

1. Introduction & Process – How we arrived here and why
2. Core areas - to be covered in teaching curricula
3. Integration and learning
4. CPD recommendations : Tutors, Trainers, Supervisors
5. Equality of access and widening access to trainings
6. Feedback, accountability and Student support.

Process: How we arrived here and why

As a starting project we thought back to our own training and listened to client experiences with therapists who appeared to be under-prepared for meeting difference especially with respect to power, rank and privilege in the room and society globally. We have surveyed all of the training institutions in our college about equality, diversity and intersectionality (EDI). Broadly we asked how it is held and worked with, from trying to attract potential students through training, practice and assessment. We asked who holds responsibility for teaching diversity and oppression and also how students and staff are protected, supported, challenged and financially compensated in the institution. We asked how much time is dedicated to focussing on EDI themes and how it is integrated into theory and practices. We asked what institutions are doing well and what their growing edges and desires for improvement are. We collated responses and offered back a report to the training institutions that we hope will form a starting point for collaboration with the development of a training guidance which may be used to facilitate change.

Next we made contact with more groups of therapists who share particular characteristics, such as race, faith, disability, class or sexuality and also groups and individuals with something to say about how therapists have acted towards people like them who are marginalised.

Finally we reviewed the feedback from all the parties consulted to form an integrated guidance document.

2. Core Areas – to be covered in training curricula

Teaching Organisations are encouraged to include all those areas of diversity which are relevant to the populations to be served by the psychotherapists in their training and their psychotherapy trainees themselves. This is likely to include all nine of the protected areas (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation) in the 2010 Equality Act. They will also need to reflect on how they overlap and are intersectional.

2.1 Sex / Gender.

The dominant discourse for many years has focussed on a binary interpretation of gender. Gender today is no longer narrowly defined considering only genetically determined chromosomal patterns for males (XY) and females(XX) ignoring other variations, but considers gender as being created through a complex array of relational exchanges. Such exchanges are thought to include parent–child exchanges, social-child exchanges, symbolic-child exchanges, body-child exchanges and other relational changes operating before and after birth. Consequently the terminology around gender is rapidly changing and used, changed or rejected by individuals in different ways which may mirror their own processing and understanding of gender.

Sexism in a patriarchal culture brings power dynamics into the equation which may result in prejudice, discrimination and stereotyping. Through this guidance we hope to encourage a more nuanced, pluralistic, dynamic and oppression-aware understanding which would include the whole range of gender identities currently forming part of contemporary discourse.

The 'traditional' culturally determined identities vary between cultures. Today in many cultures there is much greater potential for individuals to identify with characteristics from across the entire range of gender identities and to change that identification depending on circumstances. Thus many gender identities have been defined. As a minimum it is recommended that training courses consider:

Cis-female, cis-male, intersex, transgender, non-binary and gender-fluid identities. Also cis-gender privilege.

Training courses should cover an awareness of the different gender identifiers (e.g. clothing styles, hair styles etc.) characteristic of the different gender identities and how these identifiers may change in different circumstances. The role of sexism and transphobia in fostering a culture of oppression should be considered and discussed.

2.2 Sexuality/sexual orientation

Sexuality also has a variety of behavioural expressions which should be discussed during training modules including how sexuality is understood across different cultures.
Training should aim to raise awareness of the range of characteristics and psychotherapeutic issues associated with heterosexuality, homosexuality (Gay & Lesbian sexuality), bisexuality, asexuality, pan-sexuality, consensual non-monogamy and BDSM sexuality as a minimum.

Sexual orientation relates to a person's pattern of erotic sexual interest / sexual attractions and does not necessarily correspond with their sexuality (e.g. their orientation may not be expressed or correspond). As one becomes aware of one's pattern of sexual interest 'coming out' issues may involve working through shame and acceptance issues in societies with strong structural heterosexism.

A consideration of how protest movements such as 'LGBTQ+ Pride' have challenged the shame that LGBTQ+ members have experienced owing to cultural attitudes may be helpful as examples of ways of confronting biases (conscious & unconscious) and prejudice in different cultures.

The impact of sexuality of both the client and therapist should be considered including issues likely in erotic transference and counter-transference.

2.3 Race, Ethnicity & Culture

As clinicians we should be willing to learn, understand and integrate our client's culture into our work in order to work effectively. A consideration of the issues that surround clients coming from a minority race, ethnicity or culture, or one that differs from that of the therapist should be explored. Many white majority psychotherapists tend to be unaware of the depth and degree to which unconscious bias and discrimination operates as a result of white privilege both in society and in the therapy room, and at how this impacts issues of race, colour, ethnicity or culture on a daily basis in the UK. Often hierarchical power structures have become ingrained subconsciously from historical times which involved colonialism and oppression e.g. via slavery. White fragility is often experienced when this privilege challenged, which can include reactions of denial, anger or sadness - still centralising the concerns of the white practitioner. When applied to the therapy room this lack of awareness may constrain the degree to which empathy for the client and their experiences can be felt or expressed. Clients may perceive a power based relationship, consciously or subconsciously, with the therapist, such that they do not feel comfortable to express their true feelings. Ways to over-come such inhibitions should be explored.

It also needs to be considered that unconscious biases and prejudices will operate in several directions such as towards the therapist and also internalised by the client against themselves. They may feel it is not their place to express their deeper concerns and if they do they may detect no resonance unless the therapist is also from a minority group.

It should be recognised that racism is a highly corrosive and under-recognised dynamic aspect of our culture which often worsens as populist nationalism grows. Race, Racism, White privilege and White shame are all sensitive topics and are highly emotionally charged constructs. Safe spaces should be created as part of the training programme, where such issues can be explored and understood without guilt, blame, fear or shame.
An awareness of the particular issues associated with clients who have switched cultures such that they don't identify with a particular 'home' culture may also be valuable in many areas including those with highly transient populations ('global nomads', 'third culture kids' etc.).

2.4 Ability/Disability; Physical & Mental Health/Social marginalisation

Physically disabled clients may face difficulties in finding a psychotherapist with suitable access to a therapy room creating a barrier to accessing therapy before it starts. As a disabled therapist you may face unconscious bias from your clients. Differences in ability, and/or energy levels may need to be transparent.
As a profession awareness needs to grow regarding how we meet those with physical difficulties so that they feel welcomed. Therapy rooms may often only be accessed by climbing stairs for example. Once in the room the therapist's unconscious bias may operate with a variety of assumptions and preconceptions including those with invisible disabilities. Psychotherapy training should include exploring these and challenging them to see if they are really valid for a particular individual. Many such individuals are likely to have found creative ways to manage the circumstances they encounter, but they are also likely to have encountered circumstances in which they have felt excluded and marginalised rather than included and supported.

Similarly clients with Intellectual disability and those with issues in relation to neuro diversity may encounter biases and prejudices on a daily basis such that they may feel misunderstood and marginalised. Psychotherapists are likely to need training regarding ways to adjust their approach to such clients so that they do not feel judged and marginalised. For example there are particular ways of working with those on the autistic spectrum, those with mild learning disabilities and those with chronic long term mental health conditions which value the alternative insights that such clients have, and their potential contribution to collective growth and understanding.

It's crucial to see beyond the presenting issues so that one could learn from the/real/ lived experiences of our clients rather than pathologizing. In this way presenting issues, for example depression, may be seen in the context of oppression, rather than a purely personal psychology.

Visible and invisible disabilities:

In both cases unchallenged biases and prejudices carry the danger of creating self-fulfilling prophecies. How this possibility may be mitigated against should be explored during training and through the assessment processes. There can be huge amounts of shame and guilt that leads to invisibility; awareness of this needs to be taught and understood systemically.

2.5 Socio-Economic Status (SES) / Classism Inherent in Society

Psychotherapy, because of its roots, may be seen as an activity targeted towards and delivered by the middle-class. People from working-class backgrounds may feel ill at ease with the idea of seeing a psychotherapist or training to become one. The 'sense of not deserving 'is often instilled and internalised as inner oppression in our clients as a result of inherent classism in the society. Even writing such a sentence brings up a whole series of questions around assumptions and prejudices regarding what we mean by these terms and what are the issues likely to be encountered by the different 'classes'. Exploring what we need to do to attract students into our training courses who are not middle class, and then adjust the courses to resonate with any specific needs is important for enriching content. Financial barriers to access and the implicit sense of power through finance, within society, also need to be taken into account.

2.6 Age

The nature of psychotherapy required at different stages of life requires special consideration and discussion. Issues likely to be brought to therapy by clients in their twenties or thirties may not to be the same as those brought by clients in their fifties, sixties or older. An appreciation of the different perspectives associated with different age groups is important. For example, after retirement there may be a loss of a sense of power and 'rank' in the intersectionality matrix. Training can help trainees to explore a more fluid understanding of how the sense of power is impacted on in the therapeutic relationship. Adjusting to a different role in society may bring its own challenges. How younger therapists are able to resonate and empathise with older clients and vice-versa is an important area for consideration.

2.7 Religion / Belief system / Spirituality.

Our clients are likely to come from a wide variety of religions, belief systems or spiritual traditions. There may be a very different understanding of processes around birth, death, transpersonal relationships, the role of ancestors and a sense of the spiritual world from those perspectives, which need to be held without judgement by the therapist.

It is particularly important to value the client's belief system and understand the possibility of spiritual emergence which may resemble forms of psychosis. Training courses should encourage discussion about the different belief systems and how to value them even when the therapist may not share the same belief system.

2.8 Pregnancy & Maternity

Pregnancy and maternity are a protected characteristic and therefore warrant consideration by the training faculty regarding:

1) Supporting students with respect to their pregnancy and maternity requirements when relevant. Offering time out and accommodating the maternity and paternity needs of the students including considering financial consequences should be considered

2) During training it should also be considered whether our clients during either pregnancy or maternity have special needs/requirements and how these needs may be met such as:
offering flexibility when working with pregnancy and maternity.

Therapeutically enabling trainees to understand the complex issues when working with pregnancy and maternity i.e. presence of the third person (working with pregnant mothers) in the room, the impact on the process of the therapy and how this could be managed in therapy are all important factors to consider.

2.9 Language & Power; Asylum seekers & Refugees

Language and culture are very important to the process of therapy. Wherever possible, clients should be offered therapy in their primary language or their mother tongue. If this is not possible the clients should be offered therapy through an Interpreter. Triadic processes within the therapeutic relationship, when in the presence of an interpreter, are complex requiring additional attention. For example, as an interpreter usually has first-hand knowledge of the client's cultural background so can help educate the therapist to avoid impasse situations with the client. Conversely, interpreters can be equally at risk of retraumatisation as clients, due to sharing similar backgrounds, so care of the interpreter forms part of the therapist's mind-set.

Trainees should be supported to acquire the necessary skills to work in this specialist area.

There are several studies to indicate that loss and displacement experienced by refugees and asylum seekers' lead to mental ill health. This is often compounded by the fact that the clients are unable to

express or communicate in the host culture leading to further distress, isolation and alienation. Working with sameness is equally as complex as working with difference. The unconscious biases, inequality, collusion and over-identification are some factors to explore and consider whilst training.

Mental health is conceptualised differently in different cultures and western explanatory models do not always fit. The power of the dominant/host culture often seen as the norm creates a power imbalance within the therapeutic alliance. Trainees and trainers are encouraged to takes these needs/points into consideration when working across language and culture.

Time Allocated

It is recommended as a minimum 5% of the time allocated to formal teaching within psychotherapy training courses is allocated to these core protected areas of Equality, Diversity and Intersectionality. This teaching should include the associated areas of Power and Inclusion.

This would equate to 30 hours of training within a 600 hour MA level training course.

Any teaching that is integrated within the training modules is in addition to this. Consideration should be given throughout the training to creating facilitated spaces for ongoing dialogue and experiential learning.

3. Integration and learning

Training organisations are encouraged to consider whether the training hours are best delivered in **specific modules on Equality, Diversity & Intersectionality** or best fully integrated within training on other psychotherapy topics, or a mixture of the two.

For example the teaching of Power and Oppression may integrate aspects of many of the Core areas whereas Intersectionality and Gender & Sexuality may be also considered as warranting separate consideration. Experiential exploration of the themes is strongly recommended. Mental Health / Psychiatry / Psychosis teaching should include a consideration of all relevant Core areas integrated within the wider topic.

It should be considered whether the marking criteria used to assess students is biased or skewed in some way to the disadvantage of certain groups defined within the Core Areas. For example are essay questions asked in such a way as to disadvantage disabled students or written from a heteronormative stance that precludes other perspectives?

The possibility that certain biases and prejudices prevalent among a wider population may have become internalised by those disadvantaged by those biases and prejudices such that they devalue themselves, needs to be explored. Similarly awareness by the trainee therapist of the power dynamic with the client needs to be addressed and assessed in written course work (e.g. essays and case studies etc.). In any of the teaching assessments learning objectives should aim to detect where changes in behaviour have resulted from what has been taught.

4. CPD recommendations: Tutors, Trainers, Supervisors.

CPD with regard to equality, diversity and intersectionality is recommended **and is an ethical responsibility** for all those in a position of teaching, training and/or supervising students. We recommend a minimum of 5% CPD training hours should be devoted to EDI per year for any practitioner, but especially for those in a position of responsibility for teaching or supervising students. Specialist trainers and training on intersectional issues is vital.

CPD is also a **systemic process** and teaching teams need time to reflect with each other with regard to their teaching of EDI. This is also a chance to consider how EDI is being held by the team, and where further support, supervision and training is needed for individual teachers and trainers or for the team as a whole. We strongly recommend that all teaching teams work with external EDI trainers, at a minimum of once every 2 years. It can be tempting to think 'we can train ourselves' and miss the vital role external reflection gives to surface unconscious bias. Such external input also models a culture of self-evaluation which is then encouraged throughout the whole training organization.

Inducting new practitioners in teaching roles could include input with regard to EDI and how this is taught, as a way of supporting them in holding awareness. At Faculty meetings teaching teams can reflect on their own ethnic diversity and the impact of unconscious white privilege where teaching teams are predominantly white.

Questions for consideration:

What channels are there for learning from teaching teams to be brought back to faculty?
When was the last time we brought in external EDI evaluation of our training?
Are we open to external feedback on our training?

What is the skill level of the teachers and is external teaching input needed to deepen experiential learning? Would a more interdisciplinary approach fulfill this?

How often do we consider what we are NOT doing as well as what we ARE doing with regard to EDI?

5. Equality of access and widening access to training.

Equality of access for staff applying for teaching jobs is established through the Equality Act 2010 and students are not to be discriminated against in terms of the nine protected characteristics.

But widening access to training remains an aspect of EDI that needs much reflection and action. In terms of publicity - the language used needs to be inclusive, welcoming and multi-cultural; the imagery – needs to reflect a multi-cultural and diverse society across the nine protected characteristics; and consideration needs to be given as to how this publicity is to be distributed.

As a principle - equality of access is improved by focusing on what makes training more attractive for under-represented groups to **want** to do the training, rather than just relying on widening publicity, important as this is. For example, awareness of unconscious white privilege and the willingness to name and address this publicly may make the training safer and more open and inclusive to under-represented groups.

Specifically to help improve access:

* We recommend equality, diversity and intersectionality be held by an individual or a diversity committee within each OM. Membership of the committee ideally could include alumni, staff, and trainees. This group or individual can choose to link together across OM's to share ideas and to reflect on the organisation as a whole in terms of intersectionality. Having such a designated role provides a resource for both students and staff and they can look at what barriers stand in the way of access for students. A designated person(s) also provides some level of accountability for students and members and potentially a more personal and approachable point of contact.

* Bursaries are fundamental to enable under-represented groups to have access to psychotherapy trainings. Therefore to look at how increased access can be made possible through bursary scheme(s). This could be held again by a diversity individual or group, in consultation with their Faculty, and ideas and creative ways forward may best be served by linking up across OM's.

* OM's can collect data on those applying, leaving and attending training, as a way of self-monitoring and evaluating. Also to check how individuals hear about the training to assess how widening access could be improved.

Questions for consideration:

Who is not being taught?
Who doesn't apply for jobs?
Who leaves and why, as students and/or trainers?
Where is publicity material circulated and where is it not?
How representative of wider society is our staff team?

6 Feedback, Accountability and Student Support

Any system grows by its ability to hear and respond to feedback (Systems Theory). Therefore clear and accountable channels for students, teachers and trainers to raise concerns, or issues with regard to EDI are needed – whether that is to do with personal support, student led support groups, teaching style/methods, finance, or bullying or harassment by other students or staff.

A Diversity individual or committee could hold accountability for receiving these issues and where necessary facilitate an advocate to support the person in raising the issue, or establish a 3rd party way of reporting. This would run alongside any complaints procedure, and be a possible first place of contact as part of an informal procedure. The **focus is on the system of the school as an OM to set up and improve ways for an individual to be heard** rather than wait for an individual to raise an issue.
In the same way a clear link needs to be established between a diversity individual or a committee and the teaching Faculty, with lines of accountability agreed between them.

It is useful for the Faculty to be transparent with students about their own learning and reflection with regard to EDI. This could be through a newsletter, or annual meeting between teachers and students. Transparency creates and fosters an atmosphere of learning and the willingness to address unconscious bias openly encourages that in students.

Student Support groups for those with similar issues can give a vital base from which students can meet and share experiences with regard to their training. They provide mutual support and can also encourage positive action for change, as long as there are clear lines of communication and accountability with faculty and teaching teams. Examples include a BAME student group, a disability group, a LGBT and for those who identify as non-binary group, and/or a specific women's and/or men's group, also groups that explore unconscious white privilege. It is not just for individual students to be responsible for setting these up, important as this might be, responsibility needs to be considered systemically and by the Faculty and teaching teams.

The role of External Moderator can serve as a useful evaluator for the OM, in terms of assessing the commitment to improve issues of access, accountability, and ongoing training for teaching teams with regard to EDI.

Regular newsletters enable information to be shared, including about student support groups, and wider community activities, for example Black History month, Pride March, and/or cultural festivals.

Questions for consideration:

Who holds accountability for anti-oppressive practices in our OM and how are they chosen, supported and financially compensated?
Who is best placed to give a realistic appraisal and direct feedback of the training, with feedback on gaps in the training?
Have we asked students what formal additional informal support do they need that has not already been addressed?