

Queering Supervision

How to Bring Your Authentic Self To The Supervision Space

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About Leah

she/they

- Queer, Cis, White, Midwestern
 - LICSW and WA state approved clinical supervisor
 - Founder of Perfectly Queer Counseling
 - MSW and MPH from University of Minnesota
 - Dog and Cat Mom
 - I enjoy knitting, swimming and learning about dinosaurs
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“Queering is an ever-emergent process of becoming,

one that is flexible and fluid in response to context, and in resistance to norms. When we queer something, we question and disrupt taken-for-granted practices and we can imagine new possibilities. Queering something breaks rules (usually discursive and social rules, and sometimes legal ones) in order to liberate people who have been held hostage by what the rules require or prevent.”

– Julie Tilsen
Queering your Therapy Practice

Learning Objectives

- Participants will learn the nuance between “typical” supervision and “queer” supervision.
- Participants will learn how power, privilege and societal norms shape the therapeutic landscape
- Following this webinar, participants will have an understanding of traditional ethical guidelines and “queer” ethical guidelines
- Participants will learn more about self-disclosure in the supervision space
- Participants will be provided with additional materials and resources to further their own understanding

Be Queer Here

- The origin of the word “queer” is uncertain, but it entered the English language in the early 16th century and meant “strange, odd, peculiar, or eccentric”
- In the late 19th and early 20th century, “queer” was often used as a derogative term
- In the 1960’s and 1970’s, many activists began to reclaim the word as an act of defiance and it is now often used as an umbrella term for the LGBTQ+ community
- “Queer Theory” was a term coined in 1990 and grew out of lesbian, gay and gender studies

Typical Models of Supervision

- Rules we have to follow:
 - Professional: Ethics Codes, Agency Guidelines, Common Practice
 - Federal Guidelines: HIPAA
 - State: Caselaw, administrative codes, mandatory reporting
- Things we need to be aware of:
 - Responsibility
 - Duty
 - Liability
- Supervision Training
 - Varies by state for requirements

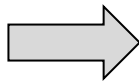
Why Queer Supervision?

- Supervision can be a deeply personal, vulnerable space for many newer clinicians
- Serving queer clients, or anyone with marginalized identities, requires a nuanced approach
- Shared experiences as people and as therapists can be powerful
- Queer theory is often absent from our professional schooling, continuing education and consultation
- Not all queer spaces are safe for all queer people - examine yourself and your own internal biases
- Don't put all of your eggs in the queer basket

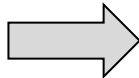
Homonormative Harms

Examples of Homonormativity

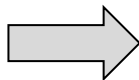
Working to legalize same-sex marriage



Cis men playing trans women on tv or in movies



Focusing on single issues that reflect the normative ideas of “gay rights”



Now Queer It

Work to eliminate governmental sanction of kinship structures so benefits can be available to all people

Hire trans women to play trans women on tv or in movies

Taking an intersectional approach to issues of justice; creating solidarity across marginalized communities and issues

A few more things to consider and more homonormative examples...

- Homonationalism: the relationship between LGBT identities and nation states, wherein political processes attach LGBT acceptance to nationalist ideology in order to constitute certain Western countries as progressive and other countries as backward and intolerant
- Pink-washing: using acceptance of LGBT individuals to cover up or justify other oppressive actions
- In simple terms: homonormativity is a set of arbitrary rules used to decide which people in the queer community are “best”
 - Organizing for gay marriage but not for trans lives
 - Hooking up with people of color but not dating them because they're not their “type”
 - Lesbians have to be “butch” or “fem”
 - Heteronormative mimicking

Supervision but queer (and intersectional)

- The lens we approach supervision with is shaped by our own experience and the context in which we grew up and were educated
- Intersectionality is not optional for any client, or as the therapist
 - We are all impacted by interrelated systems of power
 - It's important to address these systems of power in session and in supervision
 - What systems of power hold you up? What systems of power have oppressed you?
- Challenging therapeutic interventions through the lens of intersectionality
- Bust the binary
- Don't forget to talk about sex

Self-Disclosure as a (Queer) Supervisor

- We are human. Be human.
- Our learning journeys as therapists, supervisors and people are what makes us good at our work. Share that with your supervisee(s)
- It's okay to be wrong
- You may see each other in the wild - the queer community is often small, even in large cities
- Staying ethical does not mean being rigid - it means confronting the power dynamics that impact our work
- Live and work the values that are important to you

Queering Ethics

- Question everything – who were our ethical codes created for and by?
 - They also are changed, updated and re-evaluated often
- Ethical codes are often elitist
- Personal Ethics vs. Professional Ethics
- Rigidity can sometimes cause harm to client, and to therapeutic relationship

Dual Relationship vs. Multiple Relationship

- Dual Relationships are mentioned in almost all codes of ethics as a potential risk of harm and sometimes threat of disciplinary action
- Many queer individuals seek out therapists who have a similar or shared identity as a way to prevent potential discrimination
- The queer community is small, tight-knit, and interwoven
- Exploitation of a therapeutic relationship is never okay
- Idea of “multiple relationships” as an ethical guideline

“Multiple Relationships” Ethical Guidelines

- Anticipate and identify where a multiple relationship has existed or may exist, and any concerns or issues within each context
- Identify any potential harm and benefits to the client, the therapist, and/or related others
- Discuss any other potential impacts of the clients and therapists participation in a shared community
- Identify ways to reduce potential harm
- Identify where each party wants privacy or wants to avoid contact
- Identify how client confidentiality will be maintained outside of therapy
- Facilitate informed consent by the client; work with the client to create a plan for handling all of the above. This should include the client’s right to terminate the therapeutic relationship and seek therapy with someone else
- Engage supervisor/consultant in the process. This should include creating a plan for routine supervision, and a plan for what to do in the event that the therapist can no longer uphold their client’s best interests
- Articulate the therapist’s responsibilities with client in and out of therapy settings
- Consider if terminating the therapeutic relationship and referring the client to another therapist is the best alternative
- Document the entire process, including consultations and any adaptations

Diagnosing and the DSM-5

- DSM came in 1952 after ICD-6 included mental illness for the first time
- DSM is primarily used in U.S. and is tailored to the way we treat and understand mental illness in this country - also written by mostly American providers and it's not an open, public process
- ICD (developed first in 1893) is written by a global audience and accepts public submissions. It also includes medical diseases in addition to mental illness
- Homosexuality was considered a mental disorder until 1973 when it was removed from the DSM
- DSM-5 changed “Gender Identity Disorder” to “Gender Dysphoria” to reduce stigma
- ICD-11 removed “Gender Incongruence” as a mental disorder

Diagnosing and DSM-5 continued

- 2022 DSM-5-TR (text revision) updated gender dysphoria language to include “gender-affirming hormone treatment”, “individual assigned male at birth” and “individual assigned female at birth”
- In the U.S. a person must have a diagnosis in order for insurance to cover them and if a person is on someone else’s insurance, the EOB may “out” them
- Gender Affirming care often requires a diagnosis of Gender Dysphoria
- A diagnosis can be very stigmatizing
 - And a treatment plan can be even more stigmatizing
- How to talk to supervisees (and clients) about diagnosing

What does “queer” supervision look like in practice?

- If it's safe and comfortable, share your identity with potential supervisees
- Just because a supervisee is queer, it doesn't mean it's a good match
- Acknowledge your own privileges in the supervision space
- Always strive for intersectionality
- Acknowledge the systems of oppression that supervisor, supervisee and clients may be facing
- Seek out consultation with peers who have different areas of focus – don't silo yourself or your supervisees
- We have to operate in capitalism – don't work for free (and don't price gouge)

Resources

- Queering Your Therapy Practice – Julie Tilsen
- White Privilege: Unpacking the Invisible Knapsack – Peggy McIntosh
- On Intersectionality: Essential Writings – Kimberlé Crenshaw
- The History of Sexuality – Michel Foucault
- Gender Trouble – Judith Butler
- Not on our backs: Supporting counsellors in navigating the ethics of multiple relationships within queer, Two Spirit, and/or trans communities. *Canadian Journal of Counselling and Psychotherapy*, 47(1), 14-28