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Developing sexual diversity teaching for the psychological workforce

Article

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Developing sexual diversity teaching for the psychological workforce

Dr Allán Laville (University of Reading)

Summary

- Nationally, there is limited guidance for practitioners on how to consider a patient's sexual orientation within therapeutic work and previously, no guidance for Psychological Wellbeing Practitioners. This is an issue as without appropriate awareness guidance, poor clinical practice will occur
- The aim of the sexual diversity project was to create a teaching session which included a safe space to enable rich and deep discussions, which ultimately leads to considering different perspectives and enhanced clinical practice
- Benefits for students and PWPs included a) creating a safe space for individuals to openly contribute through discussion to a subject that could feel sensitive, b) consolidation of knowledge tasks, c) helping to develop new perspectives, and d) improved clinical practice
- Challenges included the consideration of making intersectionality more explicit within the teaching
- Sexual diversity teaching supported individuals to develop their knowledge of sexual orientation considerations as well as their reflective and clinical skills

Reasons for introducing this teaching method

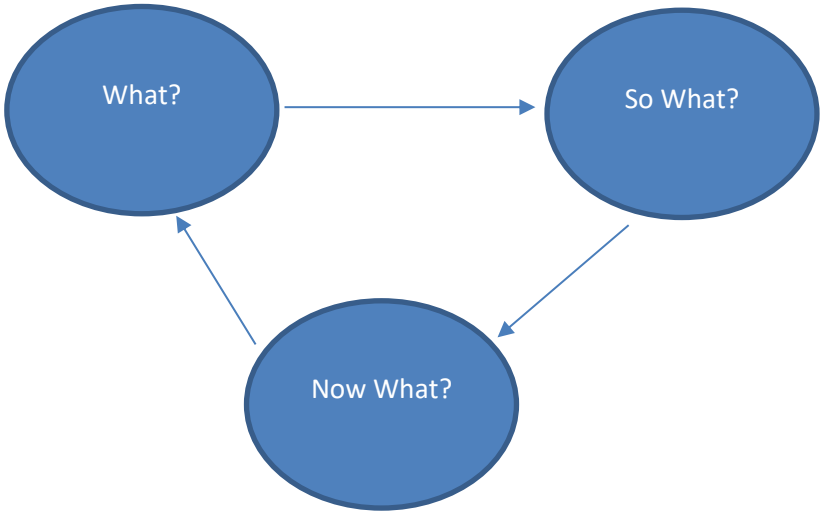
Rationale and description of the teaching practice:

The legal and practical rationale for the sexual diversity teaching is the Equality Act (2010) and the Department of Health (2011) state that sexual orientation needs to be considered in the training of the psychological workforce. My personal rationale is that within clinical practice, it can be very easy to make mistakes in how sexual orientation should be considered as there is lack of national guidance for PWPs. As a result of this, poor clinical practice will occur, and patients might not continue to seek the support they need. In order to address this, I adopted an evidence-based approach, to creating the sexual diversity teaching session that is informed by the most current literature on sexual orientation and the relationship with mental health. It became very clear from the literature (e.g. Chakraborty, McManus, Brugha, Bebbington, & King, 2011) that individuals who identify as Lesbian, Gay or Bisexual (LGB) are at a significantly higher risk of developing a mental health condition due to stigma, prejudice and discrimination (Meyer, 1995). The Department of Health (2011) highlighted that data collection for sexual orientation is disproportionally under-collected compared to other protected characteristics within the Equality Act. Therefore, the teaching session I created for PWPs incorporated current literature, tied to national policy, which highlighted how we should consider sexual orientation in clinical practice, such as data collection, considering risk as well as appropriate signposting (Laville, 2013; Laville, 2017). To take note of different needs, I have also created a sexual diversity teaching session for students, which includes considering risk, barriers to support (Cocks, Jonas, & Laville, 2019) and considering the experience of LGBT+ students in Higher Education (Laville, Field, & Hart, in press).

I am committed to disseminating my work to enhance national practice in the profession therefore, I authored Laville (2013) and Laville (2017), which guide students and clinicians through the key considerations when working with sexual diversity in a therapeutic setting. Within the teaching, a key aim is to create a safe space to enable rich and deep discussions, which ultimately leads to considering different perspectives and enhanced practice. I do this by sharing personal lived experience to build trust and respect, and by then allowing students the freedom to choose how much of their own experience they are happy to share. Furthermore, the literature tells us that flipped teaching has been reported to contribute to measurable improvements in student motivation, increased attendance in class and better grades (Hamdan, McKnight, McKnight, & Arfstrom, 2013). For this reason, I adopt flipped teaching, which involves setting pre-session reading/tasks, so students have sufficient insight to effectively contribute to the in-session discussions.

To support reflective thinking and practice, the Rolfe, Freshwater and Jasper (2001; Figure 1) reflective model is a core part of my teaching session.

Figure 1 Rolfe et al (2001) reflective model



This model is used to consider the description, importance of and subsequent action plan for data collection, risk management and signposting within clinical practice. This approach further supports deep level learning in students (Marton, 1975) and has been commented on in peer observations.

Benefits

Performance measures and peer observation: Overall, the feedback for this session has been consistently at 95-100% student satisfaction.

Feedback from a recent peer observer was as follows:

'This was a very interesting session and I gained knowledge on the topic as an observer. An example of good practice was Allán's high level of knowledge on sexuality, using terminology in the session

confidently and honestly, creating a safe space for students to openly contribute to a subject that could feel sensitive.

I really liked that Allán used short consolidation of knowledge tasks at appropriate intervals, asking students to apply a reflective framework of 'what', 'so what' and 'now what' to the subject matter covered. This required the students to reflect on learning and consider what further information they may require. Student module evaluation included specific feedback on this task from Allán's session, noting how useful they had found this task.'

Members of clinical academic staff can attend my teaching session as CPD. As I designed the session to meet the needs of all participants (students or staff), staff have commented on how useful the session has been to develop their clinical and teaching practice. One member of staff sent me the following after attending the CPD:

'The key learning points for me were around the potential explanations for the increased prevalence of common mental health problems and risky behaviours (including self-harm and suicide) in the LGBT+ community. Enhancing my knowledge in this way has had important implications for my own and my students' clinical practice. By improving our awareness of the issues that LGBT+ individuals face, we can discuss these sensitively to ensure that our patients are receiving the best level of care. I have also found in my professional practice as a clinical tutor that 'appropriate awareness' can be extended beyond LGBT+ to other protected characteristics from the Equality Act (2010). This has been extremely beneficial to my teaching and learning project'

Future development

In relation to developing my practice, I have recently published a case study on the UoR CQSD Teaching and Learning Exchange entitled 'Developing diversity and inclusion teaching: Sexuality', which prompted me to think about how this session could be developed to include a wider D&I perspective. In other words, the concept of intersectionality is currently covered briefly however, this could be developed into a second session to make sure the complexity of the subject matter is fully explored. This will meet the recommendations by the Department of Health (2009) and enhance the learning opportunity for students and staff by providing a broader D&I perspective, which in turn will further support their clinical and/or T&L practices.

Student's perspective

To revisit the key aims of this work, the session aimed to provide a safe space for discussions and to support clinical skill development. In relation to student feedback in these areas, the following has been provided:

'*I really enjoyed the training and have found it really helpful, especially when considering risk. I thought the day went well and I would recommend to others'*

'Very informative and useful. The training will be of great benefit to our service'

'The sexuality teaching stood out as it helped to develop new perspectives'

'I really enjoyed the group discussions'

Reflections

In relation to the comments above, the session has been successful in meeting the intended aims. This is evidenced by a) peer review comments stating that I created a safe space for students, b) feedback from staff member saying the CPD has enhanced their T&L practices, and c) student feedback stating that the teaching will benefit clinical practice and has helped them to develop new perspectives. One significant factor that has led to the success of this session is the engagement and contribution of the students. I have noticed that each time I deliver this session, there are different viewpoints, which challenge my thinking, and this is so valuable for me to develop as an academic.

One thing that I did not expect from creating the session was how many students would come and speak to me about their own sexuality and ask for guidance on support services. This made me really think about the impact of my teaching, not only on clinical development, but also on individuals at a personal level. This also confirmed to me that I have provided a safe space for students to disclose this sensitive information. From these conversations, since 2017, these students have opted to complete their MSc project with myself on LGBT+ equality, with all student projects being awarded a Merit or Distinction.

From my experience of delivering this teaching and supervision of projects, I was motivated to apply for research funding through the Undergraduate Research Opportunities Programme at UoR. This funding supported a student-staff partnership exploring the experiences of LGBT+ students at UoR. The findings from this project now feature within my sexual diversity teaching and will be published in September 2020 (Laville, Field, & Hart, in press). I am very pleased that my T&L practices have been informed by student-staff partnerships and research, so I am continually developing my skills.

Dissemination and publication

A key part of the process has been to disseminate my teaching across the UK to inform national practice and improve the therapeutic experience for sexual minorities. To date, I have delivered my teaching session at UoR (2011-Present), University of East Anglia (2018-Present) and St Mary's University (2019). This has provided a reach to approximately 450 students. I have received positive feedback from all of these institutions, with clinical academic staff stating that they will adopt the T&L strategies that I used within my session for their future teaching sessions.

I have also delivered a shorter version of the teaching at the British Association of Behavioural and Cognitive Psychotherapies (BABCP) conference at Imperial College London (2013) to PWPs, High Intensity Therapists and Clinical Psychologists. This provided an opportunity to impact the practice of qualified practitioners including service and clinical leads.

To inform national clinical practice, I have written about my experiences of delivering this teaching in two articles for the BABCP publication, CBT Today (Laville 2013; Laville, 2017). Laville (2013) discusses the importance of considering sexual diversity within a therapeutic setting. Laville (2017) builds on this by explicitly considering the importance of data collection, risk management and signposting. In this article, I coined the term 'appropriate' awareness, which considers the information provided by the patient, then exploring this information in a patient-centred way and then making a collaborative decision with the patient about next steps. This term has been implemented across the Diversity and Inclusion teaching in UoR PWP programmes.

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