A MAJOR GAP IN EDUCATION: FUTURE MENTAL HEALTH PRACTITIONERS' ATTITUDES TOWARD MAPS

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MAPs often find mental health care inaccessible

- MAPs often have an interest in seeking mental health care
- Disclosing attractions to providers can be seen as a risk
- Providers have dual responsibilities: to clients and to society
  - *If providers do not understand reporting guidelines, they can misunderstand their professional obligations*

General challenges faced by MAPs

- Stigma
- Loneliness
- Fear of offending

MAP interest in mental health care

- Aforementioned challenges
- Other mental health issues
- **Despite interest in care, many do not seek it out**

Risks of disclosing attractions to mental health providers

- Suspicion
- Sexual orientation change efforts (SOCE)
  - *Also known as conversion therapy/reparative therapy*
- Refusal of care
- Reports to police

Competing responsibilities among providers

- Mandated reporting/Duty to warn
- Disclosures of attractions alone do not necessitate reports
- Mental health providers may not understand

Research questions

- What do individuals who are entering social services professions, such as social workers, psychologists, and counselors, currently understand about MAPs?
- What are their understandings about their dual responsibilities of maintaining client confidentiality and as mandated reporters?
- What kinds of education do students in the social services need about these issues?

Sample

- N=200
- Social service students at University of Utah planning to work in direct practice
- Bachelor's, Master's, and Doctoral students
  - *Majority Master's*
- Social work, psychology, and counseling programs
  - *Majority social work*
- Demographics typical for Salt Lake City and social services

Survey sections

- Demographics
- Hypotheticals about clinical practice with pedophiles/MAPs
- Experience with ethics training
- Open-ended questions
  - *Define what it means to be a pedophile*
  - *Goals to focus on in practice with MAPs*
  - *Final comments*

Survey design

- Attitudes toward clients who have disclosed “being a pedophile”
- Attitudes toward clients who have disclosed “being sexually attracted to children, but never having committed an offense against a child”
  - *Knowledge about mandated reporting*
  - *Willingness to provide services*
  - *Confidence about clinical knowledge*
- No back button so participants would not be influenced by later language

Results

- Students commonly indicated feeling that they would need to make a police report if their client disclosed being a pedophile
- When the question was changed from talking about a client who discloses being a pedophile to a client who “disclosed being sexually attracted to children, but never having committed an offense against a child” students fewer students indicated that they thought they would need to make a report
- Students frequently indicated that they were not knowledgeable enough to provide appropriate services to MAPs and would not know where to refer minor-attracted clients

Results – Defining ”pedophile”

- Respondents were asked to define the term “pedophile” in their own words.
- Of the valid responses:
  - *86 (50%) indicated thinking that pedophiles are defined by their attractions.*
  - *69 (40%) said that pedophiles have acted on their attractions (i.e. committing a sexual offense)*
  - *5 (3%) were unsure whether the term indicated acting on attractions*
  - *11 (6%) provided responses that could not be categorized above*

Results – Goals for practice with MAPs

- Answers to this question revealed a variety of assumptions about MAPs, including that they:
  - *would be looking for or otherwise need prevention-related treatment*
  - *need help with impulse control*
  - *had experienced victimization in their past*
  - *can be “converted”*
  - *are male*

Results – Goals for practice with MAPs

- “Well, it would depend on what he wanted to work on. If he thought the desires were becoming urges I'd work with that.”
- “I would focus on whatever their presenting issue is, or the issue they believe is most salient. If it has to do with their sexual attractions we would focus on that, but I would not push that as our main focus if they do not believe it is important.”

Results – Goals for practice with MAPs

- “I think the primary issue would be attempting to reconcile society's views of being sexually attracted to children with the client's own. I would imagine having those feelings while being aware of how society views ‘those people’ could be causing a lot of stress, anxiety, or other emotions that could be hard to appropriately deal with. Additionally, I would work with the client to identify their trigger points in order for them to be more aware of specific times, places, or events that bring an increase to their feelings. I would identify the client's strengths (one of which being that they have not acted upon those attractions and are currently seeking help), and work with them, using their strengths, to develop healthy coping skills when they are feeling triggered, or to avoid trigger points as much as possible.”

Results – Final comments

- The final survey question asked participants if they had any further comments. Many were provided.
- Main comment: need for more education
  - *about mandated reporting*
  - *about work with MAPs*
  - *about ethics in practice over all*
- Secondary comment: MAPs deserve compassionate care

Conclusions

- Social service students frequently:
  - *assume “pedophile” refers to sex offenders*
  - *think they would need to make a police report if their client were a pedophile*
  - *do not feel comfortable providing services even to MAPs who have not offended*
  - *do not feel knowledgeable about MAPs*

Conclusions

- Students exhibited many incorrect assumptions about MAPs. Nonetheless, they:
  - *were interested in/willing to providing care*
  - *indicated an interest in more education*
- These are future mental health care providers. Education is key.