

Advanced Skills Workshop: Anti-Discriminatory Practices in Psychotherapy

A Non-Pathologizing Approach

Workshop Synopsis

Discrimination in psychotherapy is rarely overt. It is more often embedded in the language we use, the frameworks we apply, the conclusions we hold before the client has spoken, and the systems we uncritically reproduce in the consulting room. This workshop begins with that premise and builds toward a practice-level translation of anti-discriminatory principles into everyday psychotherapeutic work.

The CHCPBC Ethics and Practice Standards (effective April 1, 2026) establish that licensees must protect clients from harm and discrimination across all aspects of professional conduct — including the delivery of care, communication, documentation, and clinical decision-making. The Code of Ethics requires therapists to provide services without discrimination on any protected characteristic under the *BC Human Rights Code*, and to ensure that personal biases and power dynamics do not undermine the delivery of inclusive, culturally safe care. This workshop meets those mandatory requirements not as a compliance exercise, but through the deeper lens of my non-pathologizing framework: that the *medical model itself* is one of the most pervasive and least interrogated sources of discriminatory harm in psychotherapy.

Participants will be invited to understand discrimination not just as a personal act, but as a systemic one — reproduced through diagnostic language, treatment planning structures, the moralization embedded in our most common modalities, and the very structure of the clinical case note. Drawing on social constructionism, critical race theory, feminist theory, and the concept of intersectionality (following Kimberlé Crenshaw and Patricia Hill Collins), the workshop will explore how the medical model's presupposed categories of normative behaviour, healthy functioning, and therapeutic outcome are themselves forms of imposed cultural identity — and how psychotherapists carry and transmit these categories, often without awareness.

The workshop is structured around four interconnected themes:

1. Recognizing Discrimination in the Clinical Room

Participants will examine how pathologizing language (e.g., *non-compliant*, *resistant*, *maladaptive*) functions as discriminatory language — categorizing and judging clients against implicit normative standards that reflect the privileges, cultural assumptions, and moral frameworks of the dominant system. The CHCPBC standard requiring that behaviour not be "discriminatory, intimidating, coercive, or reflective of implicit or explicit bias" is applied here not only to interpersonal conduct but to the clinical frameworks being employed.

2. Intersectionality, Power, and the Therapeutic Relationship

Using the Coin Model (Nixon) and the concept of *critical allyship*, participants will be guided to explore — rather than diagnose — the client's relationship to their own lived intersections of

privilege and disadvantage. The workshop will interrogate the phenomenon of *value convergence* (the tendency for a client's values to shift toward those of their therapist) as one of the most invisible forms of discriminatory influence in therapy, one that is intensified when the therapist is unaware of their own moralization. The CHCPBC requirement that therapists recognize and ensure their own biases and power dynamics do not undermine culturally safe practice is operationalized through this lens.

3. Translating Anti-Discriminatory Principles into Practice

This section applies my *translation methodology* to anti-discriminatory practice. Participants will work through concrete exercises translating common pathologizing clinical practices — intake questions, diagnostic formulations, treatment plan language, and case notes — into non-pathologizing, equity-affirming alternatives. The CORE model will be introduced as a structural vehicle for capturing the client's preferred narrative and identity without imposing diagnostic or normative frameworks. Attention will be given to the CHCPBC's requirement to adapt communication to accessibility, equity, and power dynamics, including considerations of health literacy, cultural context, language, and the use of interpreters.

4. Anti-Discriminatory Practice as Protest Language

The workshop closes by reframing anti-discriminatory practice through the lens of my Protest Language framework. When a client does not conform to our clinical expectations, challenges a diagnosis, refuses a goal, or disengages from treatment — this is often the client protesting a discriminatory framework being imposed upon them. Learning to *hear* that protest, rather than pathologize it, is the advanced clinical skill this workshop aims to develop. The CHCPBC's commitment to strengths-based, trauma-informed, and person-led care across all standards finds its most meaningful clinical expression here — in the therapist's willingness to set aside the expert stance, deconstruct the presuppositions they carry into the room, and listen for who the client actually is.

Learning Outcomes

By the end of this workshop, participants will be able to:

- Identify explicit and systemic forms of discriminatory practice embedded in common therapeutic frameworks and documentation
- Apply intersectionality and social constructionist perspectives to clinical conceptualization without imposing moralized conclusions
- Translate intake, case note, and treatment planning language into non-pathologizing, equity-affirming forms consistent with CHCPBC requirements
- Recognize client protest language as potential feedback about discrimination or power imbalance within the therapeutic relationship
- Demonstrate culturally safe, anti-bias communication in alignment with the CHCPBC Code of Ethics (Fairness, Equity and Justice; Cultural Safety and Humility) and Practice Standards

CHCPBC Standards Addressed

This workshop directly addresses: *Code of Ethics (Fairness, Equity, and Justice)*, *(Cultural Safety and Humility)*, *(Indigenous Cultural Safety and Humility)*, *(Do Good; Prevent Harm)*, and the Practice Standard on *Communications (3.1 and 4.1)*, with connections to *Indigenous Cultural Safety, Cultural Humility, and Anti-Racism* (six core concepts).