

## ***A Guide to Choosing a Kink-Aware Therapist***

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When asked about their therapists' attitudes towards their kink orientation, a number of respondents to the 2008 ***Survey of Discrimination and Violence against Sexual Minorities*** (Wright, NCSF) made comments such as these:

"I was made to feel like I am not normal and a social deviant. I felt uncomfortable and felt I could not freely be myself or talk openly about issues concerning myself to my psychologist."

"The therapist refused to continue to see me until I acknowledge that I was being 'Abused'."

"I was told that my depression was due to my participation in BDSM activities and lifestyle practices. That if I stopped the 'negative' behaviors then I would feel better. Instead I stopped seeing her and continued to full recovery."

"As a mental health professional I have witnessed misunderstandings and misdiagnoses by my colleagues for service users with alternate sexual practices."

"Mental health practitioner for the Veterans administration's comment was that she did not want to get involved in my games. She looked at my BDSM lifestyle as counterproductive to my mental health and thought it was caused from a dysfunctional relationship with my father."

"I was told by several mental health professionals that my desire to inflict pain on another, albeit willing participant, was deviant and I needed to deal with my anger and bigotry issues."

*Comments made on the 2008 **Survey of Discrimination and Violence Against Sexual Minorities** conducted by Susan Wright in cooperation with the National Coalition for Sexual Freedom.*

Hopefully, the scenarios presented above have never happened to you; however, many therapists are uneducated about BDSM and other flavors of kink, even though these varieties of sexual expression are quite commonplace. In the USA, 5-10% of the population engages in SM for pleasure on at least an occasional basis, and 11-17% of the population has tried bondage at least once (Lowe, 1983). Other research has found that 14% of men and 11% of women have had some sexual experience with sadomasochism (Janus & Janus, 1993). Other stats can be seen at [The Kinsey Institute](#)<sup>1</sup>.

Such forms of sexuality are not pathological. The Diagnostic and Statistic Manual of Mental Disorders (American Psychiatric Association, 2004) notes that Sexual Sadism and Sexual Masochism are *only* sources of concern if they interfere substantially with the person's emotional well-being and day-to-day functioning. Most people who practice these and other kinks find that these activities add pleasure and spice to their lives, and cause no detriment.

As of February, 2010, a [revision](#)<sup>2</sup> is being considered for the 5<sup>th</sup> Edition of the Diagnostic and Statistic Manual which specifically distinguishes normal, healthy BDSM from BDSM which causes dysfunction in a person's life. This represents a step forward by a segment of the mental health community in recognizing that BDSM can be a part of the healthy spectrum of sexuality.

Why, then, are so many therapists unaware of the truth about BDSM and the positive and healthy role it can play in many peoples' sex lives? There are a few possible reasons for this. First, sexuality is a taboo subject in many cultures, and many people do not talk to others about what they enjoy in bed, for fear of judgment. Since BDSM is a less common sexual experience, stereotypes about BDSM contribute to the marginalization of it as a sexual practice. Most therapists are not trained extensively in matters of sexuality, and hence they fall prey to misinformation about sexual diversity.

Also, BDSM may involve inflicting physical pain upon another person, and it may be hard for those who don't derive pleasure from pain to understand how anybody else possibly could do so. Hitting and pinching and dominating remind many people of abuse, and many therapists do not have the training necessary to make the distinction between nonconsensual abuse and consensual and mutually enjoyed BDSM play. There are resources online; particularly the [SM/Abuse policy statement](#)<sup>3</sup> on the website of the National Coalition for Sexual Freedom (NCSF) and DomSubFriends has a [nice list](#)<sup>4</sup> that may help you understand the differences between the two. Lastly, some therapists may have had professional training that taught them that some expressions of sexuality are pathological. These therapists may not be aware that BDSM can be a safe, loving, respectful, and healthy way for a client to express herself.

There are some therapists who have acquired the education necessary to work with people who practice BDSM, however, and who are accepting of their clients' BDSM lifestyles. It is useful for people who practice BDSM to be able to choose a therapist who is kink-aware, when possible. This article is about how to locate such therapists, and how to choose from among the different kink-aware therapists that one finds.

### ***What are the criteria for kink-awareness?***

A therapist who is kink-aware recognizes BDSM-play as a normal part of the sexual spectrum, and is able to distinguish healthy BDSM play from non-consensual abuse. Ideally, such a therapist has educated herself about BDSM, via books, articles, lectures, websites, and/or discussion groups. She is aware of what constitutes safe and unsafe play (acknowledging, of course, that different folks have different standards for that). She is aware of the types of roles and role expectations that are commonly encountered in the BDSM scene. She understands the stress that some clients may experience in keeping their BDSM lifestyle secret. She has also worked with a number of clients from the BDSM community, and is explicitly welcoming of such clients in her advertising materials. Finally, she is aware that for many kinky clients, BDSM might not have anything to do with the reason that the client is coming in for therapy. Often, BDSM is just another facet of the client's life, like their vegetarianism or their hobby of knitting.

In smaller towns, it may be hard to find someone who meets all of these criteria. Next best might be a therapist who, while not necessarily kink-aware, is kink-friendly. Such a therapist might not be trained or experienced with respect to the lifestyles and needs of people who practice BDSM, but she would be willing to maintain an open mind, and she can commit to not being judgmental towards the kinky client.

She will also welcome your suggestions about books and other resources that she can use to expand her awareness about BDSM. (We include a list of books we recommend at the bottom of this article.) Often this type of therapist has worked with other sexual minority clients, like members of the lesbian, gay, bisexual and transgender communities.

***When is it important to have a kink-aware therapist, and when is it ok to have a kink-friendly one? Does my therapist really need to be informed or friendly about kink at all?***

In a [survey](#)<sup>5</sup> of 175 BDSM individuals who had sought therapy, 74.9% did not feel that the issues bringing them to therapy were kink-related, yet 65.1% still shared their BDSM interests with their therapist (Kolmes, Stock, & Moser, 2006). If you are seeking therapy for a BDSM-related matter, such as a top's feelings of inadequacy about her technique, or a master-slave couple wanting help in negotiating their contract, then a specifically kink-aware therapist might be important to find. On the other hand, if you are coming in to talk about things that primarily don't have a BDSM-focus, like depression or anxiety or family of origin concerns, and you simply want to be able to mention your master or your sub or the cool play party you went to last night in passing, then a therapist who is merely accepting of the lifestyle might do; they don't need specific training. This widens the pool of therapists who are available – you can cold-call even non-alternative therapists in your area and ask them, without identifying yourself, what their comfort level is with hearing about these things in passing.

Also, suppose that you really want a male therapist but the only kink-aware therapist within 100 miles happens to be female; or say that you mainly want therapy to focus on your eating disorder and the one kink-aware therapist in town doesn't happen to have that specialty. In these situations, you might decide that a kink-friendly therapist or a therapist who is neither kink-aware nor kink-friendly is a better match for your needs than the local kink-aware one. It is important to be sensitive to all of your needs as you consider which therapist is best for you.

Regardless of whether you choose a therapist who is kink-aware, kink-friendly, or neither, it is important that if you are going to mention your BDSM behaviors, that you feel sure that the therapist is clear on the [differences between BDSM and abuse](#)<sup>6</sup> (Weitzman, 2003).

Later in this article, we will address some of the ways to differentiate healthy SM from SM which may be symptomatic of or covering up abuse. An uninformed therapist might mistakenly contact adult protective services with concerns about elder abuse in the case of play involving senior citizens - or they might contact child protective services if they erroneously believe that an adult who engages in BDSM-play would be abusive towards their children.

***What does kink-aware therapy look like?***

There are numerous BDSM-specific topics that you might think of working through with the aid of a kink-aware therapist. Below are some of the more common examples.

One possible topic of exploration is the coming out process, both to yourself and to others. You might seek therapeutic guidance as you explore your feelings about your awakening interest in BDSM. Is this a discovery that you are elated about and want support in learning more about? Do you wish to seek out social gatherings or support groups of like-minded folks, or do you simply want to mull over your desires

in private for the time being? Are you having a hard time reconciling your more exotic desires with the messages of disapproval that you may have heard from society? Such messages may come in many forms - the mainstream may believe that BDSM equates to violence; the queer community might not acknowledge straight BDSM participants who self-identify as queer as such; and the lesbian/feminist communities might perceive women who are into BDSM as identifying with the male oppressor or female-as-victim role. A skilled therapist can help you to address any internalized kink-phobia that may arise.

You might also use therapy to aid in your decision process when making choices about the people to whom you'd like to disclose your BDSM interests. On the one hand, being out to someone means that you can later talk with them about your new flogger or the BDSM conference that you are attending this weekend. On the other hand, it can be hard to know in advance whether the person in question will be supportive, skeptical, or shocked about your BDSM orientation. Some people have lost jobs or had their child custody threatened after making disclosures about their BDSM orientation. A kink-aware therapist can help you to make choices about who to tell, and how to bring the topic up; they can also help you to process your feelings about that person's response afterwards.

The coming-out process takes on a special twist when the person you are coming out to is your partner. What if your BDSM desires first come to light eight years into a long-term relationship with someone whose own desires (as far as you know) are rather more vanilla? The kink-aware therapist can help relationship partners to work through this kind of disclosure process together.

Sometimes the non-kink-inclined partner is supportive but simply not into BDSM; sometimes they are actively upset at the thought that their partner would want to engage in it. They may have cultural referents such as "Hitting is always abusive," "Someone who wants to be hit must be sick," "A man never hits a woman," or "A feminist never hits anyone." A kink-aware therapist can help your less kink-inclined partner to question whether these beliefs are truly applicable to consensual BDSM and to your relationship, and can help your partner to better understand your experience of BDSM. They can normalize BDSM by suggesting educational resources and support, providing statistics on [the prevalence of BDSM](#)<sup>7</sup> and giving reassurance that it can be a healthy part of sexuality.

The therapist can also help you and your non-kink-inclined partner to negotiate ways to meet your BDSM-oriented desires while respecting your partner's own boundaries. Perhaps the therapist might assist your partner in affirming that it's fine for you to enjoy BDSM-focused erotic literature, film and photography. Perhaps the therapist might help your partner to consider whether s/he might feel comfortable engaging in mild BDSM play with you – giving you light spanks, exploring light bondage, or doing a bit of role-play together. If your partner does not feel comfortable sharing any play of that nature with you, then you and your partner might use the therapeutic setting to negotiate whether or not permission might be given for you to occasionally see a pro-domme or take on a BDSM-only partner. Not all partners will feel comfortable with that, but some might. The kink-aware therapist can help you and your partner to express your feelings about the various possibilities, and negotiate the terms of your agreements, with the focus on both of you having a more mutually enjoyable sexual relationship.

Sometimes both partners are enthused about the prospect of exploring BDSM together, but they might not be well versed in communicating their sexual needs to one another. A kink-aware therapist can

assist you in this type of intimate communication process, helping you to express your desires and negotiate the boundaries of what feels safe to explore together over time. Sometimes partners have differing perceptions of what it means to be a dom, sub, or switch, and the therapist can help you to understand and reconcile those differences if need be. The therapist can help partners to set expectations that are in keeping with one another's skill levels, and to accept that good BDSM takes a while to learn to do.

Along similar lines, the kink-aware therapist can help more experienced '24/7 lifestyle' partners to negotiate when they will be "in scene" or "out of scene," and to design a [master-slave contract](#)<sup>8</sup> if one is desired. She may also help you figure out if your existing [contract](#)<sup>9</sup> is a good one. It should be noted that many good kink-aware therapists may not be experienced enough to help negotiate your master-slave contract. Discussing your contract with your therapist can be a wonderful idea, but not all kink-aware therapists are going to be fully competent at this. She can help you and your partner to negotiate whether your relationship will be a monogamous or polyamorous one, and to decide whether it is ever okay to play with another partner.

The therapist can also help you to determine what is a healthy BDSM relationship and what practices might be unhealthy. While BDSM is not in and of itself abusive, there *are* cases in which abuse occurs within the context of a BDSM relationship. For instance, if one of the partners experiences serious physical injuries, emotional trauma, or damaged self-esteem as a result of the scene-play, then it is possible that abuse may be occurring. More information on how to distinguish BDSM from abuse can be found in Dr. Weitzman's (2003) article "[How can you tell when a BDSM relationship has turned unhealthy or abusive?](#)"<sup>10</sup>.

### ***What are all these initials and what do they mean?***

There are many different psychotherapy-related degrees. Here are some of the more commonly encountered ones:

**LCSW** - Licensed Clinical Social Worker. See MSW below.

**MA** - Master of Arts. Usually, it will be in Counseling Psychology or Clinical Psychology. Typically, this involves 2 years of training, with at least a semester's worth of supervised practice. There is no focus on research, and also there is no training in the use or interpretation of assessment measures. The MA is the degree usually sought by people who become MFTs (or previously MFCCs).

**MD** - Medical Doctor - Psychiatrists have this degree. This is a degree in medicine, followed by a 4-year residency in psychiatric specialty. Some psychiatrists provide counseling as well as medication; others provide medication only.

**MFT** - Marriage and Family Therapists. These practitioners have a Master's degree which focuses on families and couples treatment. This degree used to be known as MFCC (Marriage, Family, and Child Counselor). MFT training entails a minimum of two years of coursework and 3000 hours of supervised experience. However there are now some doctoral MFT programs which take longer.

**MSW** - Masters in Social Work - Social workers have training in counseling as well as helping people to locate resources. Typically, this involves a minimum of 2 years of training. A licensed MSW is often referred to as an LCSW, or Licensed Clinical Social Worker. To obtain the license, 3200 hours of post-MSW supervised practice must be completed and board examinations must be passed.

**PhD** - Doctor of Philosophy. Usually, it will be in Counseling Psychology or Clinical Psychology. These degrees offer training in both the practice and the research of psychology, as well as how to administer and interpret assessment measures. Typically, people complete 4-5 years of coursework while pursuing this degree and they may earn a Masters degree along the way. Classroom knowledge is integrated with supervised practice. A dissertation and year-long internship are also required.

**PsyD** - Doctor of Psychology. This degree is similar to the PhD and also includes coursework in administering and interpreting psychological tests. It focuses proportionately more on practice and less on research, in comparison to the PhD. In the state of California, both Ph.D.'s and Psy.D.'s are required to have 1500 predoctoral and 1500 postdoctoral hours of experience in order to qualify for licensure. However, the experiential requirements vary from state to state. You can check your local board of psychology to find out your state's requirements.

After earning her degree, a therapist needs to achieve licensure in her state. Often, this involves further post-masters or postdoctoral work, as well as passing one or more licensing examinations. There are additional titles that signify licensure, such as Board Certified Psychiatrist (for MD-level practitioners), Psychologist (for PhD-level practitioners), Marriage and Family Therapist (for Masters level practitioners), and Licensed Clinical Social Worker (for MSW-holders). However, these titles vary from state to state. A more expanded (but still not exhaustive) list of licensure titles and degrees is at the end of this article.

You can look up a practitioner's license number and check if they have had ethical complaints or professional sanctions made against them. Some lists of psychotherapy regulatory boards, grouped by state and specialty, can be found at the [State Licensing Boards Contact Information](#)<sup>11</sup> and at the [License Information List](#)<sup>12</sup>. Usually, you'd look up the state's medical board for psychiatrists; the board of psychology for psychologists; and the board of behavioral sciences or board of social work for masters-level clinicians.

### ***What is a Theoretical Orientation and What Does it Have to do With Me?***

There are many different schools of therapy. Therapists are trained differently in terms of the particular theories that guide them in understanding how a person's problems develop and how these problems can be solved. This perspective is commonly known in therapeutic circles as one's theoretical orientation: the theory that each therapist uses to understand and interact with the client. Some therapists will describe their practice as <sup>3</sup>integrative,<sup>2</sup> meaning that they use a number of different theories and interventions with the clients they see. Still, it is perfectly reasonable to ask a therapist what treatment model or theoretical orientation she uses, and to consider whether this style seems well suited to the kind of therapy that would be comfortable to you. Most people who are not psychologists

do not know anything about theoretical perspectives and simply stay with a therapist who “feels” like a good fit. But you should be aware that you have a choice and that this is a good question to ask.

### ***Cognitive-behavioral therapy***

Therapists who practice cognitive-behavioral therapy (CBT) believe that the perspective that a person takes with respect to any given situation will influence their mood in response to that situation. They believe that underlying organizing beliefs arise early in life and these may be triggered by stressors. CBT therapists will want to identify, challenge, and adjust these beliefs when they manifest themselves in negative thoughts and maladaptive behaviors and exacerbate a client’s problems. They may be more directive in-session, and they may invite their client to do homework assignments such as charting moods or writing down thoughts, feelings, or behaviors that accompany these moods. CBT therapists may also give client’s instructions on activities to pursue during the week. They may do exercises in-session, including breathing and relaxation work, and visualization exercises to help a client to work through her presenting issue. CBT is considered a short-term, evidence-based treatment (meaning that research shows that it works well for a variety of problems).

### ***Family systems***

Family systems therapists (or family therapists) are trained to view a person’s problems in light of a family (or other systemic) context. They will often treat couples, families, or children, but may also provide individual therapy with the goal often being to help the system to change and develop into a more harmonious system. Family systems actually encompasses a wide range of different therapeutic approaches and interventions. However, therapists who are oriented this way, are more likely to look at how patterns of interaction may maintain psychological problems.

### ***Feminist therapy***

Feminist therapy speaks less of a particular technique of therapy and more about the therapist’s focus on societal, cultural, and political contexts that may be influencing a person’s psychological distress. A feminist therapist may be more likely to try to reduce the inherent power dynamic between therapist and client, creating a more egalitarian relationship. A feminist therapy may also to encourage a client to recognize the connection between her personal and social identities and to approach the world in a more political way.

### ***Interpersonal therapy***

Interpersonal therapy (IPT) understands symptoms as developing when a client has difficulty with social roles and interpersonal relationships. An interpersonal therapist believes that a lack of strong attachments early in life contributes to the development of these symptoms. IPT therapists will try to improve a client’s interpersonal functioning by utilizing various techniques which may include CBT techniques, encouraging the client to express her feelings, looking at how a client communicates, modeling, and role-playing various interactions.

### ***Narrative therapy***

Narrative therapy was developed in the 1970’s and it examines the “storying,” of people’s lives and how people get stuck in “problem-saturated stories.” Narrative therapists will help a client to deconstruct the

problem-saturated story and then help the client to re-author her experiences. Narrative therapists view problems as separate from people and work with clients to externalize their problems as an entity that acts upon them rather than something within them. They view their clients as the ultimate experts of their lives and consider their role as therapist to be more of an investigative reporter who assists the client through certain kinds of questions.

### ***Psychoanalytic***

Psychoanalytic therapy (or psychoanalysis) focuses on the client's unconscious, unresolved conflicts from their childhood and seeks to help the client become freed from these unexamined barriers. Psychoanalytic therapy utilizes free association, exploration of dreams, and interpretations of the client's transference and resistance in order to bring this unconscious material into the client's conscious awareness. Psychoanalytic therapists frequently are more quiet in-session and may listen more, retaining a neutral position, only offering insights when it seems that a unique moment is presenting itself. This is typically a longer-term therapy.

### ***Psychodynamic***

Psychodynamic therapy looks at how a person behaves dynamically with others and presumes that patterns may replicate themselves in various other relationships, including the client's relationship with the therapist. In this type of therapy, the therapist will encourage the client to bring their true feelings to the surface so that she may experience them and better understand them. Psychodynamic therapy leans heavily on the basic assumption that people's unconscious thoughts are often responsible for their feelings and behaviors. Some psychodynamic therapists practice brief therapy, while others practice a more long-term therapy. Psychodynamic therapy grew out of Psychoanalytic theory.

### ***Long-term***

Some therapists (or therapies) are based on a longer-term treatment model which usually entails significantly more than 20 sessions and could last for years. This may be the case when the goal of a client is geared towards understanding life patterns or relationships over time, or resolving deeply entrenched issues such as trauma.

### ***Short-term***

Some therapists specialize in short-term treatment (fewer than 20), or one's insurance company may only allow benefits for a certain number of sessions.

### ***Other types:***

#### ***Family***

Family therapy can refer to relationship treatment, or it may include various configurations of a family including the entire family and extended family members. It may also be focus on particular family dyads (siblings, parent-child) in order to improve family relationships.



### ***Group***

Group therapy is when a group of people meet in therapy to work on similar issues. Different types of therapy groups may focus on issues such as depression, relationships, or social anxiety. Sometimes sharing therapy experiences with others provides social support (groups for family members of mentally ill people is one example) and it also allows for individuals to better understand their personality dynamics and how they interact with others.

### ***Relationship***

Relationship therapy (traditionally called couples therapy, but referred to more broadly here in order to be inclusive of polyamorous unions) is when relationship partners utilize therapy to improve their interactions with one another. Family members, romantic partners, work partners, or even friends may opt to enter into relationship treatment together. The goal of therapy may not always be to stay in the relationship. Some people have successfully used relationship therapy to negotiate endings or transitions in their relationships.

### ***But How Do I Actually Find a Therapist?***

Okay, so you know the difference between kink-aware and kink-friendly, and you know a little bit now about different styles of therapy. But you really need to talk to someone. How do you find a therapist, especially a kink-aware one?

First of all, you can use the [Kink Aware Professionals<sup>2</sup>](#) site. This website allows you to search for kink-aware professionals across the United States and some other countries as well. Depending upon the size of your metropolitan area, you may be able to find someone. If you find someone who is not in your immediate vicinity, don't despair. Try calling that practitioner and asking them if they can recommend a therapist in your location. Some therapists, particularly those who serve more specific populations, consult and collaborate with one another. There are likely many good kink-aware professionals who are not listed on the KAP site. You could also see if a non-local kink-aware provider is willing to provide telephone or internet therapy until you find a local provider. Be aware that laws regulating telephone and internet therapy may vary from state to state. The KAP list does give names of some therapists who offer telephone and internet therapy services.

Local BDSM groups would be your next good choice for seeking a good therapy referral. If you are fortunate enough to live in a community that has these resources, you can ask on a message board or via an email list. Your local LGBT resource center may be another good referral source for kink-aware professionals. If you are unable to find a kink-aware professional, a therapist who maintains an LGBT-friendly practice may be a good choice. While many LGBT therapists may hold misassumptions about BDSM practices, there is also a good chance that they may be more accepting of alternative sexual practices.

Another way to find a therapist is to ask your friends and family if they have worked with someone they like. When taking a referral from a friend or family member, it's always a good idea to consider whether you or the referral source will feel comfortable working with the same therapist. Some people may find that they prefer not to share the same therapist, particularly if there is a chance that you may be

discussing this shared person in your therapy. It is up to you (and your friend or family member) to decide whether the benefits outweigh the risks in these cases, and some therapists also have their own policies about whether they will treat people who are closely involved with one another.

Once you've got some names, you may want to decide whether the therapist's degree and training matter to you. It is a matter of personal preference. Some people prefer to work with those who hold doctorates, some prefer those who have had different types of training. Many people decide that ultimately, the level of training matters less than personality and how it feels to sit in the same room as the therapist. To learn more about what all those degrees mean, see the end of our article.

It is perfectly acceptable to call a few therapists when you are trying to make that first appointment. You may wish to make a list of questions you'd like to ask the therapists over the phone. Some therapists will take some time over the phone to also answer your questions and ask you some questions as well. Others may encourage you to simply meet with them in person, and some may even offer a brief consultation meeting for free so that both of you can determine goodness of fit face-to-face. Whether you make the initial appointment is entirely up to you. Some questions you may consider asking are:

- 1) What is your license?
- 2) How long have you been practicing?
- 3) What theoretical model do you use?
- 4) Can you describe your style?
- 5) Do you do short or long-term treatment? How frequently do you meet with your clients (once a week or more)?
- 6) What do you charge?
- 7) What is your payment policy? Your cancellation policy? (Most therapists require payment at the end of each session, and most therapists require 24 hours advance notice of a cancelled session or they will expect you to pay for the appointment.)
- 8) Do you have an area of expertise or specialty?
- 9) Is your practice LGBT friendly?
- 10) Are you familiar with BDSM? What are your beliefs about it?
- 11) Do you consider your practice kink-friendly? How many kinky clients have you seen?

If you have other questions or concerns about a therapist's sensitivity and skill when dealing with other cultural issues (interfaith couples issues, working with your particular ethnicity, working with disability, etc.) now is an excellent time to also ask those questions. Pay attention and trust your instincts when asking these questions. If a therapist seems flustered when asked these questions or is otherwise unable to respond to them in a way that feels supportive and reassuring to you, it may be a good sign that this is not going to be the right practitioner for you. Different therapists have different policies and you will want to see if you think your therapist's policy is reasonable to you.

It is completely appropriate to speak briefly with a therapist on the phone and decide to decline their offer of an initial appointment. You can say that you don't think you're a good fit or even say you'd like to have some time to think about it before setting something up. However, bear in mind that sometimes the fit must ultimately be assessed by how you feel when you sit in the room and talk to this person. Do you feel listened to? Understood? Do you have a good feeling from the interaction? Be aware that if you are in the middle of a painful process, that therapy can often leave you with difficult feelings of sadness, anger, or pain, but you should not be feeling that the therapist him or herself is causing these feelings.

You should also be aware that while it is okay to meet with several different therapists when you are looking for one with whom you are comfortable, once you've decided to continue with someone, you should not meet with more than one person. There are some exceptions to this, such as when meeting with one therapist for couples therapy and another for individual therapy, or if you are seeking very specialized treatment for a very specific issue. However, even in these circumstances, it is important that both practitioners are aware that you are receiving treatment from other providers, and they may request your permission to speak to one another to be sure that your respective treatments are not in conflict with one another.

### ***So I Found a Great Therapist. Anything Else?***

If you've found a kink-aware professional and you're happy with this therapist, then that is great! But there are a few other issues that may affect you in treatment. It may not be a bad idea to bring these things up with your therapist, if they concern you.

When working in small communities you may find that you and your therapist's paths cross outside of the therapy room. Sometimes these encounters happen in everyday places, such as the grocery store or the PTA meeting. Some people are comfortable exchanging a simple greeting with their therapist in the supermarket checkout line. On the other hand, some who are not 'out' about being in therapy may prefer not to be acknowledged by their therapist when there is a third party present, in order to avoid having to disclose to others in public settings the nature of their relationship. For this reason, you and your therapist may want to negotiate whether and/or how the two of you might interact in public. It can be helpful to discuss in advance whether or not to exchange greetings. Generally, it will be expected that the interaction will be a brief one and that session material will not be brought up outside of the session room.

If your therapist is a member of the BDSM community and he or she attends play parties or other leather events, it is possible that you may encounter one another at such an event. If this sounds like something that could be unsettling to you, it may be wise to bring it up in therapy and talk to your therapist about your feelings about these potential encounters. It may ease your mind to ask your therapist if she plans to attend a specific event if you already know in advance that you plan to attend. If both of you do plan to attend, you might have a conversation about what boundaries to set so that both your comfort level and your access to community events are maintained. Different people have different needs in this regard. Sometimes there is a preference for therapist and client to never be simultaneously present at the same event, in which case compromises can be found such as "I'll attend the February gathering and you attend the March one," or "I'll go to the play party from 7 to 10pm, and you go from 11pm to 2am." Other people are comfortable with less stringent agreements, such as "We can attend the same party, but we won't enter a room where the other is scening," or "Let's just agree not to watch

each other's scenes." Regardless of what you and your therapist choose to do, it makes sense to have frank discussions about this type of thing early on in treatment, before such situations are encountered.

Another common small-community issue is that sometimes people who know each other will end up seeing the same therapist. There are times when this may be preferred, such as when one might want to choose the therapist who was enthusiastically recommended by a friend. This can work well if the friends are not going to be mentioned as central themes in one another's therapy. Other times it can be less preferred. For instance, it might not be ideal for the same therapist to assist two people who desire different outcomes to a particular situation, unless it is their wish to have the therapist help them to negotiate a compromise. Some people are not comfortable seeing the same therapist as one of their lovers or play partners, although other people may prefer to do so.

Of course, you may not even be aware that you and someone in your life are sharing the same provider of treatment until you discover it in casual conversation or bump into one another in the therapist's waiting room. Some therapists may be willing to work with you to minimize your chances of running into someone you know in the waiting room, if that is a concern for you. Regardless of whether or not it is known that a therapist is shared among multiple community members, you should know that it is your therapist's job to protect your (and all clients') confidentiality, and to refrain from sharing information about any client with another.

### ***When Things Go Wrong***

Sometimes, you may think that things are going smoothly in your treatment and your relationship with your therapist, and then things may change. Let's say your therapist says or does something that makes you uncomfortable. What should you do? The best thing to do is to try to bring it back up in therapy. This can be hard to do sometimes, but it is usually the best way to address these issues and find out if they are, in fact, growing pains or a real impasse.

The one major exception to this would be if your therapist initiates sexual contact with you, as it is both illegal and unethical for therapists to have sexual contact with their clients. The authors of this document reside and practice in California which has an information pamphlet, "[Professional Therapy Never Includes Sex \[PDF\]](#)"<sup>13</sup> to address this issue. You may inquire with your state licensing boards if you feel these ethical standards are being breached.

Other things that could go wrong that you might want to bring up with your therapist might include if your therapist routinely shows up late or misses sessions or if you feel that your therapist is doing something to compromise your confidentiality in some way.

Sometimes it's not helpful or comfortable to address issues directly with your therapist. In extreme cases, filing an ethics complaint is something that may make sense. If this seems appropriate, you can follow the instructions listed at the website for the [American Psychological Association](#)<sup>14</sup>, the [National Association of Social Workers](#)<sup>15</sup>, or the [American Association for Marriage and Family Therapy](#)<sup>16</sup> or you can see if your state has an appropriate ethics board through which you can seek assistance.

When filing an ethics complaint, you should be aware that the ethics board might review details of your private therapy sessions. You may wish to consult with someone to be sure that you are prepared to



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deal with the stress of such an endeavor and also to deal with effects of having the content of your therapy sessions be brought to light as part of the investigations involving the practitioner against whom you are filing the complaint.

Again, you may also wish to contact your local state licensing board for additional links and resources.

### ***In Conclusion***

It's important to find a therapist who is understanding and supportive of your lifestyle. BDSM is not in and of itself a pathological disorder but is, rather, something that can be a healthy part of your life and identity. You deserve to find a therapist who has information about the diversity and range of sexual expression. Hopefully this guide will help you when you need to find such a therapist.

***Some books that the authors of this article like include:***

[The New Topping Book](#), by Dossie Easton and Janet Hardy

[The New Bottoming Book](#), by Janet Hardy and Dossie Easton

[Health Care without Shame: A Handbook for the Sexually Diverse and Their Caregivers](#), by Charles Moser

[Leathersex: A Guide for the Curious Outsider and the Serious Player](#), by Joseph L. Bean

[SM 101: A Realistic Introduction](#), by Jay Wiseman

***References***

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Kinsey, A. C., Pomeroy, W.B., Martin, C.E., & Gebhard, P.H. (1953), *Sexual behavior in the human female*, Philadelphia: W.B. Saunders.

Kolmes, K., Stock, W., Moser, C. (2006) [Investigating bias in psychotherapy with BDSM clients](http://www.drkkolmes.com/docs/JOHkolmes.pdf) (<http://www.drkkolmes.com/docs/JOHkolmes.pdf>). *Journal of Homosexuality*, 50 (3/4).

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Weitzman, G. (2003) [How can you tell when a BDSM relationship has turned unhealthy or abusive?](http://www.numenor.org/~gdw/psychologist/bdsm-vs-abuse.htm) (<http://www.numenor.org/~gdw/psychologist/bdsm-vs-abuse.htm>)

### ***List of Other Related Counseling Degrees***

AASECT - American Association of Sex Educators, Counselors, and Therapists  
ABPP - Diplomate from the American Board of Professional Psychology - high level psychology credential above the PhD level; signifies expertise in a psych subfield.  
ABS - American Board of Sexology  
ACS - Advanced Clinical Practice (for social workers)  
BA - Bachelor of Arts Degree  
BS - Bachelor of Sciences Degree  
CAC I,II,III Chemical Addictions specialist - Masters + 2-3 years experience  
CADAC - Chemical and Alcohol Dependence/Addiction Counselor.  
CADC - Clinical alcohol and drug counselor  
CCDC I,II,III - Certified chemical dependency counselor  
CHT - Certified Hypnotherapist  
CMFT - Certified marriage and family therapist (board)  
CMHC - Certified mental health counselor (state)  
CPC - Certified professional counselor (state)  
C-psych - Canadian  
CSW - Clinical/certified social worker (usually masters level), case worker  
DCSW - Doctor of clinical social work  
DD - Doctor of divinity  
Dmin/DM - Doctor of Ministry  
DSW - Doctor of social work  
EdD - Doctor of education  
EdM - Master of education  
FAACS - Fellow of the American Academy of clinical sexologists  
FAPA - Fellow of the American Psychiatric Association  
Intern - Someone who in the process of completing their degree and is under the supervision of a licensed practitioner  
LCSW - Licensed clinical social worker (masters level) (CA)  
LISW - Licensed Independent Social Worker  
LICSW - Another form of LCSW  
LMFCC - Licensed marriage family and child counselor / Licensed Marriage and Family Christian Counselor  
LMFT - Licensed marriage and family therapist  
LMT - Licensed marriage therapist  
LP - Licensed psychologist - doctoral level / Licensed Practical (Nurse; US government; HRSA)  
MA - Master of Arts Degree  
MD - Medical Doctor (includes psychiatrists)  
MDiv - Master of Divinity  
MEd - Master of education  
MFCC - Marriage family and child counselor  
MFT - Marriage and family therapist  
MHC - Mental Health Counselor  
MPH - Masters in Public Health - Canada  
MS - Master of Sciences Degree  
MSSW - Master of science in social work  
MSW - Master of social work  
NCAC I,II - National Chemical Addictions Counselor (a rare nation wide license that requires first having a state license such as the CAC).  
PAC - Certified Physician Assistant  
PhD - Doctor of Philosophy (Ask what specialty it is in. Specialties that enable people to provide therapy include counseling psychology, clinical psychology, school psychology, industrial/organizational psychology)  
PsyD - Doctor of Psychology  
SW - Social worker



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***Links found in this document***

- <sup>1</sup> <http://www.kinseyinstitute.org/resources/FAQ.html#bdsm>
- <sup>2</sup> <http://tinyurl.com/yfsvsuw>
- <sup>3</sup> [http://www.ncsfreedom.org/index.php?option=com\\_keyword&id=187](http://www.ncsfreedom.org/index.php?option=com_keyword&id=187)
- <sup>4</sup> <http://www.domsufriends.com/library/bd-v-ab.shtml>
- <sup>5</sup> <http://www.drkkolmes.com/docs/JOHkolmes.pdf>
- <sup>6</sup> <http://www.numenor.org/~gdw/psychologist/bdsm-vs-abuse.htm>
- <sup>7</sup> <http://www.kinseyinstitute.org/resources/FAQ.html#bdsm>
- <sup>8</sup> <http://vanilla-not.com/basics/initialagreement.html>
- <sup>9</sup> <http://www.altsubmission.com/wiitwd24.html>
- <sup>10</sup> <http://www.numenor.org/~gdw/psychologist/bdsm-vs-abuse.htm>
- <sup>11</sup> <http://www.stopbadtherapy.com/main/boards.shtml>
- <sup>12</sup> <https://www.ubhonline.com/cred/credLicensingInfo.html>
- <sup>13</sup> <http://www.bbs.ca.gov/pdf/publications/proftherapy.pdf>
- <sup>14</sup> <http://www.apa.org/ethics/complaint/index.aspx>
- <sup>15</sup> <http://www.socialworkers.org/>
- <sup>16</sup> <http://www.aamft.org/>