Counseling Persons Who Identify as LGBTQ
Considerations for Counselors
Amanda Nantz and Derek Rutter
LGBTQ Statistics

- "An estimated 3.5% of adults in the United States identify as lesbian, gay, or bisexual and an estimated 0.3% of adults are transgender." (Gates, 2011, p. 1)
- "This implies that there are approximately 9 million LGBT Americans, a figure roughly equivalent to the population of New Jersey." (Gates, 2011, p. 1)
- "Among adults who identify as LGB, bisexuals comprise a slight majority (1.8% compared to 1.7% who identify as lesbian or gay)." (Gates, 2011, p. 1)
- "Women are substantially more likely than men to identify as bisexual. Bisexuals comprise more than half of the lesbian and bisexual population among women in eight of the nine surveys considered in the brief. Conversely, gay men comprise substantially more than half of gay and bisexual men in seven of the nine surveys." (Gates, 2011, p. 1)
● "Estimates of those who report any lifetime same-sex sexual behavior and any same-sex sexual attraction are substantially higher than estimates of those who identify as LGB. An estimated 19 million Americans (8.2%) report that they have engaged in same-sex sexual behavior and nearly 25.6 million Americans (11%) acknowledge at least some same-sex sexual attraction." (Gates, 2011, p. 1)

● Challenges to gathering statistics on LGBTQ persons:
  ○ Defining LGBTQ: Identity vs. Behavior vs. Attraction vs. Relationships
  ○ Issues of gender, sexual orientation, and identity for transgender and transexual persons.
  ○ Survey methods and stigma
  ○ Lack of direct questions pertaining to sexual orientation and gender identity on Decennial Census

LGBTQ Terminology

- **Ally** – An ally is an individual who speaks out and stands up for a person or group that is targeted and discriminated against. An ally works to end oppression by supporting and advocating for people who are stigmatized, discriminated against or treated unfairly.

- **Asexual** – An asexual person is someone who does not experience sexual attraction. Unlike celibacy, which people choose, asexuality is an intrinsic part of who we are. Asexual people still have emotional needs as their peers, and are equally capable of forming intimate relationships.

- **Bisexual** – Bisexuality is the potential to feel sexually attracted to and to engage in sensual or sexual relationships with people of either sex. A bisexual person may not be equally attracted to both sexes, and the degree of attraction may vary over time. Self-perception is the key to a bisexual identity.

- **Cisgender** – The opposite of transgender, a cisgender person is one whose gender identity matches their body and the gender they were assigned at birth, as well as the traditional roles and behaviors associated with that gender.

- **FTM (Female-to-Male) (Transman)** – A person born female who transitions to or identifies as male. One of many transgender identities.

- **Gay** – 1. An adjective describing a man whose primary sexual and emotional attraction is to other men. (Usage: “My brother is a gay man,” or “I’m gay.”)
  2. An inclusive term encompassing gay men, lesbians, bisexual people, and sometimes even transgender people. The term is still used in the broader sense in spoken shorthand, as in “the Gay Pride Parade is at the end of June.

- **Gender Identity** – A person’s internal, personal sense of being a man or a woman. Gender identity and sexual orientation are not the same. Transgender people may be asexual, heterosexual, lesbian, gay, or bisexual.

- **Intersex** – “Intersex” is a general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that doesn’t seem to fit the typical definitions of female or male.

- **Lesbian** – A woman whose primary emotional and sexual attraction is to other women. It is important to note that some women who have sex with other women, sometimes exclusively, may not call themselves lesbians.
LGBTQ Terminology (continued)

- **MTF (Male-to-Female) (Transwoman)** – A person born male who transitions to or identifies as female. One of many transgender identities.
- **Questioning** – Someone who is unsure about their sexual orientation or gender identity, or is in the process of discovering it.
- **Queer** – This originally derogatory term used to describe gay and lesbian individuals has been reclaimed by some members of LGBTQ communities. Some LGBTQ people find the term offensive, so it should be used with caution and permission. Some people who others would identify as straight claim this term to indicate their rejection of compulsory heterosexuality. It can also be used (along with genderqueer) to describe a person’s gender identity, often by those who feel their gender does not fit either category (male and female).
- **Sexual Orientation** – A person’s enduring physical, romantic, emotional and spiritual attraction to another person, and the resulting sexual identity in relation to the gender(s) to which they are attracted; e.g., heterosexual, homosexual, or bisexual.
- **Transgender** – Used as an umbrella term for anyone who transgresses or blurs traditional gender categories, inclusive of female-to-male (FTM or transman) and male-to-female (MTF or transwoman) transgender persons, transsexuals, drag kings and queens, genderqueers, gender blenders, two-spirit people, androgyny, and other self-identified gender non-conforming people.
- **Transsexual** – A person who undergoes surgery and hormone therapy to change their physical sex. **Please note:** It is NOT polite to ask someone whether or not they have had surgery. *Many transgender persons do not choose or are not financially able to physically transition.*
- **Two-Spirit** – A transgender identity that originated from various Native American cultural practices in which a person is born one gender, but ends up fulfilling roles assigned to both sexes, or other roles reserved for two-spirit people, who are generally considered to be both male and female simultaneously.

*All terms retrieved directly from the Wake Forest University LGBTQ Center website*
Sexual Orientation

- Sexual orientation is multi-dimensional. (Stein, 1997)
Sexual Orientation (continued)

- **The Rise of Queer Theory**
  - "Of particular importance has been the emergence of new articulations of identity associated with postmodernism, which have shifted emphasis from the binary logic and understandings of sexuality and gender as fixed, coherent and stable, towards seeing these categories as plural, provisional and situated." (Richardson, 2007, p. 458)

- **What does this mean?** (Richardson, 2007)
  - Sexual behavior, identity, and attraction are fluid, which means they are able to change over time.
    - Depends on an individual's developmental stage and environmental context

- Cultural Background may influence whether one's sexual behavior, identity, and attraction align.
- Sexual orientation and gender identity, as well as the gender identity of one's partner, exist independently.
Transgender Concerns

- Gender vs. Sex
  A transgender person might consider themselves straight, gay, lesbian, bisexual, asexual, neither, other, etc. This can evolve over time. (Denny, 1999)

- Transgender persons choose to present themselves in a variety of ways. (Denny, 1999)

- http://youtu.be/5DTs3GDiRK8
Intersex

("What is intersex?," 2008)

- **Traditionally:** refers to individuals born with ambiguous genitalia
- **Broader Definition:** refers to individuals with a variety of conditions that involve anomalies of the sex chromosomes, gonads, reproductive ducts, and genitalia
- Intersex conditions may not become apparent until later in life, during puberty.
- Unique ethical, medical, and surgical concerns
- Some intersex individuals identify as transgender, most do not.
- Intersex individuals may identify as heterosexual or homosexual
- "While some intersex people seek to reclaim the word 'hermaphrodite' with pride to reference themselves (much like the words 'dyke' and 'queer' have been reclaimed by LBGT people), we’ve learned over the years it is best generally avoided, since the political subtlety is lost on a lot of people."
  ("Is a person," 2008)
Evelyn Hooker and the removal of homosexuality from the *DSM* (Milar, 2011)

- In 1953 Evelyn Hooker applied and received a grant from The National Institute for Mental Health (NIMH) to study homosexual men.
- The study compared the psychological tests of 30 heterosexual men and 30 homosexual men by researchers blind to participants' sexual orientation.
- The results showed "no association between homosexuality and psychological maladjustment." (Milar, 2011, p. 24)
- Hooker presented the results of her study at the 1956 APA Annual Convention in Chicago.
- This study, and her work to follow, would ultimately lead to the removal of homosexuality from the *DSM* in 1973.
- [http://youtu.be/Mk-2NCwgSaQ](http://youtu.be/Mk-2NCwgSaQ)
AAMFT starts talking the talk...

- 2005 American Assoc. for Marriage and Family Therapy (AAMFT) took steps to remove pathology from GLB persons
  - affirmed its position on nondiscrimination based on sexual orientation
  - encouraged same-sex couples to use couples counseling

- 2009 AAMFT - homosexuality is not a disorder, therefore no basis for reorientation therapy

But, are they walking the walk?.....

(Hartwell, Servoich, Grafsky, & Kerr, 2012)
You decide...

- 2005 - Council on Accreditation for Marriage and Family Therapy Education (COAMFTE) recommends but does not require training programs to include GLB specific education and trainings for working with GLB persons and families.

Explaining it with numbers....

- 1996 thru 2009 - 8,781 articles published in 17 reviewed journals on MFT
  ○ 173 (2%) focused on GLB issues

Troublesome because 86% of mental health providers report having had clients who were openly GLB.

(Hartwell et. al, 2012)
So when therapists do interact with LGBTQ individuals, what's it like? (Shelton & Delgado Romero, 2011)

<table>
<thead>
<tr>
<th>Theme</th>
<th>Microaggression</th>
<th>Message</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assumption that sexual orientation is the cause of all presenting issues</strong></td>
<td>A therapist says to a client, “I know what the problem is, you are gay.”</td>
<td>Your sexual orientation is the problem.</td>
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<td>When a client discusses academic issues, a therapist interjects, “What do you think this issue has to do with your sexuality?”</td>
<td>Your sexual orientation needs to be treated.</td>
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<tr>
<td><strong>Avoidance and minimizing of sexual orientation</strong></td>
<td>A therapist avoids using LGBQ terminology.</td>
<td>Issues related to your sexual orientation are not important to talk about.</td>
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<td></td>
<td>A therapist tells a client, “You don’t have to worry about that [sexual orientation] right now, let’s talk about this other issue.”</td>
<td>You should feel uncomfortable talking about your sexual orientation.</td>
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<td></td>
<td>When a client is accidentallyouted, a therapist responds, “Good, it’s about time.”</td>
<td>You make me uncomfortable.</td>
</tr>
<tr>
<td><strong>Attempts to overidentify with LGBQ clients</strong></td>
<td>A therapist makes frequent references to distant family members who are LGBQ.</td>
<td>Coming out is not a big deal.</td>
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<td>A therapist tries to befriend LGBQ clients or frequently engages in small talk.</td>
<td>I understand your issues because I know someone who is LGBQ.</td>
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<td></td>
<td>A therapist changes the way he or she speaks or changes physical posture to appear more comfortable with LGBQ individuals.</td>
<td>I am not homophobic because I know someone who is LGBQ.</td>
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<td><strong>Making stereotypical assumptions about LGBQ clients</strong></td>
<td>A gay male client describes his weekend and the therapist says, “You were in a hardware store!”</td>
<td>You are an oddity, and I am “cool” because I work with you.</td>
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<td>A therapist tells an attractive lesbian woman, “You don’t look like a lesbian.”</td>
<td>All LGBQ people are alike.</td>
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<td><strong>Expressions of heteronormative bias</strong></td>
<td>A LGBQ client notices that a therapist’s office only displays heterosexual books and pamphlets.</td>
<td>I don’t need to make an effort to get to know you as an individual.</td>
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<td></td>
<td>After a client discloses their sexual orientation, a therapist states, “I am not gay!”</td>
<td>You are abnormal.</td>
</tr>
<tr>
<td><strong>Assumption that LGBQ individuals need psychotherapeutic treatment</strong></td>
<td>A therapist encourages a client to stay in treatment against the client’s wishes.</td>
<td>You need to change or conform.</td>
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<td></td>
<td>When a client is being referred, the referring therapist states, “It doesn’t matter who you see as long as you’re seeing someone.”</td>
<td>It is insulting for you to think I am gay.</td>
</tr>
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<td><strong>Warnings about the dangers of identifying as LGBQ</strong></td>
<td>A therapist asks a client, “Are you sure you want to enter this lifestyle?” or “Have you really thought this through?”</td>
<td>You are incapable of making rational decisions.</td>
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<td></td>
<td>When a client discusses experiencing discrimination, the therapist says, “This lifestyle brings certain problems with it.”</td>
<td>Any problems you face are your own fault for choosing an LGBQ identity.</td>
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<td>Systemic oppression does not exist.</td>
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</table>
So when therapists do interact with LGBTQ individuals, what's it like?

- microassaults, microinsults, and microinvalidations intensify internalized homophobia

- makes LGB clients much less likely to return to therapy  
  (Shelton & Delgado Romero, 2011)

- "The hidden nature of sexual orientation microaggressions and inherent client-therapist power deferential makes it difficult to decipher microaggressive events from acceptable practice, which may force LGBQ clients to question their own interpretation of events"  
  (Shelton & Delgado-Romero, 2011, p. 218)
Responding to this...

- ACA created competencies for working with LGB persons and competencies for transgender persons

- Key components are:
  - knowledge, awareness, and skills
  - continued professional development
  - must recognize roles that
    - social and institutional discrimination,
    - therapeutic methods, and
    - personal stereotypes and biases play in providing services

(Graham et al, 2012)
Additional Competencies...

- In addition to ACA's competencies there are:
  - Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) Competencies for Counseling with Transgender Clients
  - Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) Competencies for Counseling with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex and Ally Individuals
LGBTQ Client Perspectives

It is common for LGBTQ clients to screen counselors for perceived competency. (Liddle, 1997)

- This may be done overtly (e.g. asking direct questions to a counselor or a counselor's other clients) or covertly (e.g. using disguised questioning or personally developed indicators of competency/safety)
- This may happen before a counselor knows the client is LGBTQ
How competent are counselors?

- "Murphy et al. (2002) found that 72% of graduate students and practitioners reported inadequate preparation during their training to meet the needs of LGB clients." (Graham et al., 2012, p. 4)
- Within the mental health helping professions, Counselor Education and Counseling Psychology programs tend to place the highest emphasis on counseling sexual minorities. (Graham et al., 2012)
- "...attendance at workshops and training sessions was associated with increased competency across the domains." (Graham et al., 2012, p. 12)
  - An example at WFU is the free "Safe Zone" training offered by The LGBTQ Center in Benson Hall
- As you look towards internship...
  - "The number of LGB clients seen in therapy by the participants was significantly related to the overall level of participants’ self-perceived competency. Specifically, participants with more contact also reported higher levels of competency. These results suggest the benefit to counselors-in-training of having actual clinical experience working with LGB clients." (Graham et al., 2012, p. 12-13)
Situation at Augusta State...

In the court record (Keeton v. Anderson-Wiley, 2010)...

"Plaintiff admitted to me that in a counseling situation where a client discloses to her that he/she is gay, it is Plaintiff’s intention to tell the client that their behavior is morally wrong and then help the client ‘change’ that behavior. Plaintiff admitted further that if she were not successful in helping this hypothetical client ‘change,’ she would refer him/her to someone practicing conversion and reparative therapy."

(Byrd & Hays, 2012)

This student was on the school-counseling track....

Job of school counselor to intensify internal heterosexism/internal homophobia?
How can school counselors respond to LGBTQ students appropriately? (comes from GLSEN's recommendations, 2009 in Byrd & Hays, 2012)

- offer support but don't assume a student needs help
- be a role model of acceptance
- appreciate the student's courage
- listen, listen, listen
- assure and respect confidentiality
- ask questions that demonstrate understanding, acceptance, and compassion, i.e. Have you been able to tell anyone else?
- remember the student has not changed
- challenge traditional norms
- be prepared to give referrals, i.e. GSA, hotlines
School counselors and creating LGBTQ Affirmative School Climate (comes from GLSEN's recommendations, 2009 in Byrd & Hays, 2012)

- Be visible
  - Safe space sticker on door, bulletin boards with quotes from famous LGBTQ people (infuse LGBTQ info into your school environment, not just your office)

- Spread the word
  - Let other staff know you're an ally and that it is necessary to create a safe school

- Understand the importance of language
  - Partner instead of husband/wife

- Don't ignore anti-LGBTQ comments or behavior
So which theoretical orientations are suggested for work with LGBTQs...

- Strength based
- Multi-cultural
- Social justice
- Feminist approaches

because all 3 acknowledge influence of power, privilege, and oppression on clients' lives.

(ACA Competencies for Counseling with Transgender Clients, 2010 and Assoc. for LGBT Issues in Counseling Competencies for Counseling with Lesbian, Gay. Bisexual, Queer, Questioning, Intersex, and Ally Individuals, 2013)
Putting these theoretical orientations into practice…

A competent, allied counselor will...

- Encourage and promote an atmosphere of respect through such actions as displaying LGBTQIQ-supportive periodicals, books, or posters in the office, or providing take-home LGBTQIQ-oriented literature.

- Use inclusive and respectful language (e.g., using the term *partner* rather than specific terms like *spouse, wife, husband, boyfriend, or girlfriend* in general situations and using specific terms to honor personal choices when directed to do so by the individual).

- Ensure that all clinical-related paperwork and intake processes are inclusive and affirmative of LGBTQIQ individuals (e.g., including “partnered” in relationship status question, allowing individual to write in gender as opposed to checking male or female).
Putting these theoretical orientations into practice… (continued)

- Be aware that the counseling field has a history of pathologizing LGBQQ individuals and communities (e.g., studies of homosexuality as a “disorder” and research agendas that seek to “prove” that affectional orientation and/or gender identity/expression can be “changed”). Understand that these approaches to research and program evaluation have been deemed harmful and unethical in their research goals by professional organizations in the field.

- Counselors should advocate for the medical treatment of actual medical problems (such as urinary infections) but encourage families to postpone all cosmetic treatments until the child is able to consent to them. This approach is consistent with the consensus in the Intersex movement and takes into account the health and well-being of the child throughout development.
Putting these theoretical orientations into practice... (continued)

● Be aware of the various forms of oppression, discrimination, bias incidents, microaggressions, and stressors that people who are Intersex experience on a daily basis due to societal stigma attached to the presumed dichotomy of sex as well as pressures to remain “closeted.”

● Be aware of the official stance of the ACA in regard to people who are Intersex (Resolution to Protect Intersex Children from Unwanted Surgery, Secrecy and Shame, April 1, 2004).

● Demonstrate awareness of the challenges and safety concerns involved with coming “out” to coworkers and supervisors and how that may affect other life areas (e.g., housing, self-esteem, family support, upward employment opportunities).
Putting these theoretical orientations into practice… (continued)

- Recognize the resiliency of LGBQQ individuals and their unique ability to overcome obstacles.

- Recognize and acknowledge that, historically, counseling and other helping professions have compounded the discrimination of LGBQQ individuals by being insensitive, inattentive, uninformed, and inadequately trained and supervised to provide culturally proficient services to LGBQQ individuals and their loved ones. This may contribute to a mistrust of the counseling profession.

Please understand that there are numerous other competencies required for sound, ethical work with LGBQQIA communities - please look over them. All information from Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling Competencies for Counseling with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals (2013).

link to complete competencies: http://www.tandfonline.com/doi/full/10.1080/15538605.2013.755444
Ethical Considerations (continuation of 2013 competencies)

Recognize the emotional, psychological, and sometimes physical harm that can come from engaging clients in approaches which attempt to alter, “repair,” or “convert” individuals’ affectional orientation/gender identity/expression. These approaches, known as reparative or conversion therapy lack acceptable support from research or evidence and are not supported by the ACA or the APA. When individuals inquire about these above noted techniques, counselors should advise individuals of the potential harm related to these interventions and focus on helping clients achieve a healthy, congruent affectional orientation/gender identity/expression. Reparative therapy has been formally repudiated as ineffective and even harmful through policies adopted by numerous organizations and associations including the following:

Amer. Assoc. of School Administrators
Amer. Acad. of Pediatrics
ACA
American Federation of Teachers
AMA
Amer. Psyciatric Assoc.
Amer. Psycholanlytic Assoc.
Council on Child and Adolescent Health
The Interfaith Alliance Foundation
NASW
NEA
WHO
References


References (continued)


