

**Increasing Multicultural Competency
for Mental Health Professionals
Counseling Clients Who Identify as
LGBTQ+:
A Clinical Guide**



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Pronouns: She/Her/Hers

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Information about Guide

What is this guide?

This guide is not meant to be, and could never be, the most comprehensive guide on topics relating to persons who identify as LGBTQ+. The intent of this guide was to provide additional resources for the reader to delve into, if they want more information on specific topics.

Why was it developed?

The majority of mental health professionals lack cultural competency when counseling persons who identify as LGBTQ+, especially persons who identify as transgender. Information on unique needs and typical concerns of persons who identify as LGBTQ+, as well as recommendations for practice and connecting with the community are included in this guide.

How was it developed?

The guide was developed after a review of existing resources, literature, and additional information gathered in a survey.

Updates

The author has great aspirations to continually update the manual as more information becomes available. The worlds of LGBTQ+ topics and counseling guidelines are continually changing!

Information about Author

Who am I?

I am a cisgender woman, who identifies as queer. I live with mental health disorders and am a certified peer support specialist. I am active in advocacy for LGBTQ+ community, mental health, suicide prevention, and suicide postvention.



And why did I make this guide?

In order to complete the program for Masters of Science in Clinical Rehabilitation and Mental Health Counseling at the University of North Carolina at Chapel Hill School of Medicine, I was required to create a literature review, thesis, or project. The department encouraged us to work on topics that we would not get bored with and that we have a passion for. I chose to create a project, this guide, with my passions for advocacy in mind. My passion for creating this guide comes from my varied experiences as a consumer of mental health services, as a facilitator of a LGBTQ+ support group, and as a person who identifies as queer.

Acknowledgements

I acknowledge that I do not know nor could I cover *everything* about the LGBTQ+ community in this manual. I did my best! Please contact me with your thoughts.



Some things you should know...

- My **name** is Dana.
 - ◇ This was given to me at birth (named after my great-grandmother).
 - ◇ I continue to use it.
 - ◇ Please use the name someone introduces themselves as.
- I **identify** as a cisgender woman.
 - ◇ I was assigned female at birth.
 - ◇ My gender identity (woman) matches my biological sex (female) within the cultural norms of North America.
 - ◇ Please do not assume this about anyone.
- My **pronouns** are she/her/hers.
 - ◇ I do my best to include this every time I introduce myself, as well as give others the opportunity to share their pronouns.
 - ◇ Please do not assume this about anyone.
 - ◇ Please do not use prefixes for me (Ms., Miss, Mrs., etc.)
- I **identify** as queer.
 - ◇ This, for, me, indicates my sexual orientation.
 - ◇ Queer means something different to me than it might to someone else who identifies as queer.
 - ◇ Please do not assume this about anyone.

Mental Health Professionals’ Multicultural Competencies



- Counselors’ **competence in counseling clients who identify as LGBTQ+** based on external assessments was found to be **much lower than average**
- Counselors’ **levels of experience** with clients who identify as LGBTQ+ were the **second lowest** among the cultural groups studied
- Over half of the psychologists (55.8%) only had **one single class period or less** regarding sexual orientation
- Over 80% of the psychologists only had **one single class period or less** regarding gender identity
- Clinical psychologists counseled an **average of three clients who identified as LGB each year**
- Clinical psychologists counseled **less than one client who identified as transgender every three years**
- **Resources for competencies**
 - Vespia, K. M., Fitzpatrick, M. E., Fouad, N. A., Kantamneni, N., & Yung-Lung, C. (2010). Multicultural career counseling: A national survey of competencies and practices. *The Career Development Quarterly*, 59(1), 54-71.
 - Johnson, L. & Federman, E. J. (2014) Training, experience, and attitudes of VA psychologists regarding LGBT issues: Relation to practice and competence. *Psychology of Sexual Orientation and Gender Diversity*, 1(1), 19-18. doi: 10.1037/sgd0000019

Information about Survey

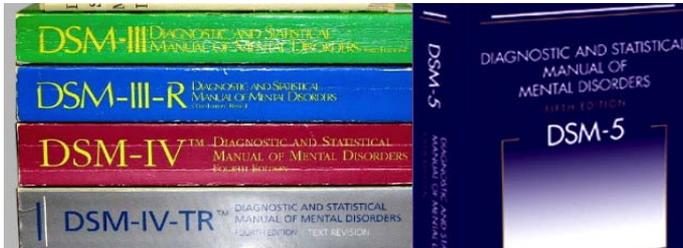
Originally there was a hope of receiving at least 30 total participants with at least ten responses from individuals who identify as LGBTQ+, ten responses from mental health professionals, and ten responses from mental health professionals who identify as LGBTQ+. **Almost 60 responses were received in the first three days the survey was open and distributed.**

The final number of participants received was 259. The final participants included 61 individuals who identified as LGBTQ+, 115 individuals who identified as mental health professionals, and 59 individuals who identified both as LGBTQ+ and as mental health professionals.

Information from survey results are included in the following sections: terms, way to be an ally, and helpful tips for counseling.

Thank you to those individuals who took the time to respond to my survey so that their experiences could be shared to make this guide better!

History of Diagnoses of LGBTQ+ as Mental Health Conditions



The history of the LGBTQ+ community and mental health professionals has not always been positive. The LGBTQ+ identities have been pathologized as mental disorders, and people who identify as LGBTQ+ have been hesitant to reach out to mental health professionals due to this history.

Diagnostic and Statistical Manual of Mental Disorders (DSM)

- Original DSM (1952): contained homosexuality
- DSM-II (1973): homosexuality replaced with sexual orientation disturbance
- DSM-III (1980): gender identity disorder added
- DSM-III-R (1987): removed sexual orientation disturbance
- DSM-5 (2013): gender identity disorder replaced with gender dysphoria

International Classification of Diseases (ICD)

- ICD-10 (1992): removed homosexuality
- ICD-10 (1992): contains gender identity disorders



Mental Health and the LGBTQ+ Community

Mental Illness

- Over 1/3 of individuals who identify as LGB (Lesbian, Gay, Bisexual) have a **diagnosable mental disorder**
 - This is double that of individuals who identify as heterosexual
- 13% percent of individuals who identify as LGB have a **severe mental illness**
 - This is over three times that of individuals who identify as heterosexual
- Over 26% of individuals who identify as **LGB utilize mental health services**
 - Only 13.7% of individuals who identify as **heterosexual utilize mental health services**
- 75% of individuals who identify as transgender **and/or gender nonbinary utilize mental health services**

Resources for mental health information

- 2015 National Survey on Drug Use and Health conducted by SAMHSA (Substance Abuse and Mental Health Services Administration)
- Injustice at Every Turn: A report of the national transgender discrimination survey. Retrieved from National Gay and Lesbian Task Force

Substance Use and the LGBTQ+ Community



Substance Use

- Higher rates of use among individuals **who identify as LGB** when compared to individuals who identify as heterosexual
 - Illicit drugs
 - Tobacco products
 - Binge alcohol use
- **More research is needed** on substance use within the entire LGBTQ+ community, especially individuals who identify as transgender and/or gender nonbinary

Resources for substance use information

- 2015 National Survey on Drug Use and Health conducted by SAMHSA (Substance Abuse and Mental Health Services Administration)

Suicide and the LGBTQ+ Community

- Because medical examiners typically do not note an individual's sexual orientation or gender identity on the death records information on suicide deaths is limited
- **Suicide attempts** for youth and adolescents who identify as **LGB 2-7 times higher** than peers who identify as heterosexual
- **41%** of individuals who identify as **transgender and/or gender nonbinary** had attempted suicide
- More research needed
 - Suicide rates for LGBTQ+ community
 - Suicide prevention with the LGBTQ+ community
 - How mental health professionals can better help individuals who identify as LGBTQ+ seeking assistance



More information:
<http://lgbtmap.org/talking-about-suicide-and-lgbt-populations>



Picture: <http://www.boxturtlebulletin.com/tag/trans-hotline>

Resources for suicide information

- Suicide and suicide risk in lesbian, gay, bisexual, and transgender populations: Review and recommendations. Found in Journal of Homosexuality
- Injustice at Every Turn: A report of the national transgender discrimination survey. Retrieved from National Gay and Lesbian Task Force

Disabilities and the LGBTQ+ Community

Author's Connection

I am hard of hearing, and I have several friends who identify both as LGBTQ+ and as having a disability. Next are a few resources shared with me. I ask that you **take care in reviewing the resources**, as they may not apply to everyone who identifies both as LGBTQ+ and as having a disability.



Picture: <https://www.teepublic.com/sticker/1656931-accessibility-matters-rainbow>

Books

- **PleasureABLE: Sexual Device Manual For Persons With Disabilities** by Kate Naphtali, Edith MacHattie & Stacy Elliott
- **The Ultimate Guide to Sex and Disability: For All of Us Who Live with Disabilities, Chronic Pain, and Illness** by Miriam Kaufman, M.D. Cory Silverberg, Fran Odette
- **Sexuality Counseling** by Murray, Pope, & Willis
- **Sexuality and Fertility Issues in Ill Health and Disability: From Early Adolescence to Adulthood** by Rachel Balen and Marilyn Crawshaw
- **Sex, Sexuality, and the Autism Spectrum** by Wendy Lawson and Glenys Jones
- **Sexual Difficulties After Traumatic Brain Injury and Ways to Deal With It** by Ronit Aloni and Shlomo Katz



Disabilities and the LGBTQ+ Community

Websites

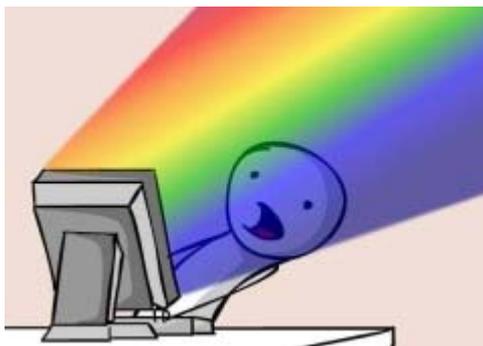
- <http://www.sexualityanddisability.org/>
- <http://www.comeasyouare.com/sex-and-disability.html>
- <http://www.sexsupport.org>
- <http://www.newmobility.com/>
- <http://www.mass.gov/eohhs/docs/dph/com-health/prevention/hrhs-sexuality-and-disability-resource-guide.pdf>
- <http://www.parentcenterhub.org/repository/sexed/>
- <http://lifeafterieps.com/wp-content/uploads/2012/06/Sexuality-Disability-Resources.pdf>
- <http://www.siecus.org/>
- <https://www.aasect.org/>
- <http://www.nsvrc.org/saam/healthy-sexuality-resources>
- <http://www.srcp.org/>
- <http://www.advocatesforyouth.org/resources-for-sex-educators-home>
- <http://ucp.org/resources/health-and-wellness/sexuality/>
- <https://www.gallaudet.edu/diversity-and-equity/lgbtqa-resource-center/programs/services/resources>

Disabilities and the LGBTQ+ Community

Websites

- <http://www.med.umich.edu/yourchild/topics/disabsex.htm>
- <https://www.serc.mb.ca/sexuality-relationships/sexuality-and-disabilities>
- <https://www.plannedparenthood.org/planned-parenthood-northern-new-england/local-education-training/development-disabilites-sexuality>
- <http://www.thecsph.org/the-csph-resources/web-resources/sex-and/sex-and-disability/>
- <http://www.kingcounty.gov/depts/health/locations/family-planning/education/FLASH.aspx>
- <http://www.mass.gov/eohhs/docs/dph/com-health/prevention/hrhs-sexuality-and-disability-resource-guide.pdf>
- <http://www.wcsap.org/sexuality-education-youth-or-adults-disabilities-tip>

Picture: <https://morningchorus.tumblr.com/>



Clinical Guidelines for Working with Clients Who Identify as LGBTQ+

American Psychological Association

- ◆ Guidelines for psychological practice with lesbian, gay, and bisexual clients (2012)
- ◆ Guidelines for psychological practice with transgender and gender non-conforming people (2015)

American Counseling Association

- ◆ ALGBTIC Competencies for counseling LGBQQIA individuals (2012)
- ◆ ALGBTIC Competencies for counseling with transgender clients (2009)

Association for Lesbian, Gay,
Bisexual & Transgender
Issues in Counseling



<http://www.algbtic.org/>

A Note About Terms

If you found five people who used the same LGBTQ+ term to describe themselves, such as “queer,” for each of those five people it could mean something completely different. **Terms are always being added to the LGBTQ+ alphabet, and the meanings are continually changing.** Queer is a great example in that it was originally used derogatorily and while some people still consider it derogatory, some have reclaimed it as their identity.

Picture: <http://kirstendraws.tumblr.com/post/123673479014/some-of-you-may-remember-my-popular-bi-pan-and/embed>



I have included terms which I consider best defined by <http://www.transstudent.org/gender>. I encourage you to **research the terms** to find the variety of definitions these terms can have.

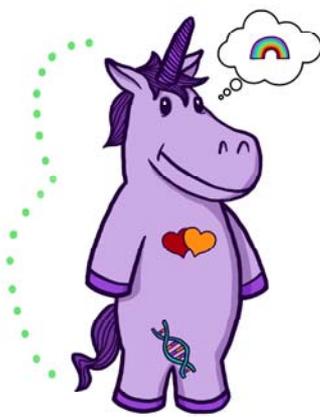
If someone shares with you which term(s) they identify with, instead of assuming that you know what that term means for that person, **say “I have heard of that term, and I am wondering what that term means for you?”**

Terms from <http://www.transstudent.org/gender>

Gender Identity: One’s internal sense of being male, female, neither of these, both, or another gender(s). Everyone has a gender identity, including you. For transgender people, their sex assigned at birth and their own internal sense of gender identity are not the same. Female, woman, and girl and male, man, and boy are also NOT necessarily linked to each other but are just six common gender identities.

The Gender Unicorn

Graphic by: **TSER**
Trans Student Educational Resources



Gender Identity

- Female/Woman/Girl
- Male/Man/Boy
- Other Gender(s)

Gender Expression

- Feminine
- Masculine
- Other

Sex Assigned at Birth

- Female
- Male
- Other/Intersex

Physically Attracted to

- Women
- Men
- Other Gender(s)

Emotionally Attracted to

- Women
- Men
- Other Gender(s)

To learn more, go to:
www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

Gender Expression/Presentation: The physical manifestation of one's gender identity through clothing, hairstyle, voice, body shape, etc. Most transgender people seek to make their gender expression (how they look) match their gender identity (who they are), rather than their sex assigned at birth.

Sex Assigned at Birth: The assignment and classification of people as male, female, intersex, or another sex based on a combination of anatomy, hormones, chromosomes. It is important we don't simply use "sex" because of the vagueness of the definition of sex and its place in transphobia. Chromosomes are frequently used to determine sex from prenatal karyotyping (although not as often as genitalia). Chromosomes do not determine genitalia.

Sexually Attracted To: Sexual orientation

Romantically/Emotionally Attracted To: Romantic/emotional orientation

It is important to note that sexual and romantic/emotional attraction can be from a variety of factors including but not limited to gender identity, gender expression/presentation, and sex assigned at birth.

***Go to the website (<http://www.transstudent.org/gender>) to find out more about fundamental issues with, structural issues with, and sources for the Gender Unicorn graphic.**

Ways to Show that You are an Ally



Photo: <https://internationaltaxlaw.files.wordpress.com/2012/06/rainbow-flag.jpg>

- ◆ **Have a gender neutral bathroom (with signs)**
- ◆ **Request to be listed on resource lists/guides**
 - ◇ Contact LGBTQ+ centers in community and on college campuses
- ◆ **Display LGBTQ+ symbols**
 - ◇ Rainbow flag, Human Rights Campaign sticker, No Hate In My State, Y'all Means All
- ◆ **Show LGBTQ+ reading**
 - ◇ Magazines in your waiting room, books on your shelf
- ◆ **Note that you are LGBTQ+ affirming**
 - ◇ On your website, intake forms (see next page), Psychology Today listing
- ◆ **Include your pronouns**
 - ◇ On your email signature line, after your name in research papers or media articles you write
 - ◇ Basically anytime you share your name

What to Include on Your Intake Form

Adding these items can help you give the first impression to potential clients that you are LGBTQ+ friendly and knowledgeable. If you are not able to edit your intake form, adding these items to your initial session or assessment questions can give the same first impression!

- ◆ Preferred Name and Pronouns
- ◆ Sexual Orientation
- ◆ Parents (instead of Mother and Father) and more than two spaces
- ◆ Relationship status (not just single, married, and divorced)
- ◆ Gender neutral terms for significant others (ex: partner) and more than one space for significant others

I suggest leaving these answer spaces open instead of giving a check list or multiple choice options. We never know what options we might miss if we only list a few!



Have clients update these forms every six months or offer to them every time. The answers may change!

Intake with Clients Who Identify as LGBTQ+

Articles to consult for intake suggestions

- Heck, N. C., Flentje, A., & Cochran, B. N. (2013). Intake interviewing with lesbian, gay, bisexual, and transgender client: Starting from a place of affirmation. *Journal of Contemporary Psychotherapy, 43*, 23-22. doi: 10.1007/s10879-012-9220-x
- Moe, J. L., Finnerty, P., Sparkman, N., & Yates, C. (2015). Initial assessment and screening with LGBTQ clients: A critical perspective. *Journal of LGBT Issues in Counseling, 9*, 36-56. doi: 10.1080/15538605.2014.997332

What the LGBTQ+ Community Says has been Helpful from Mental Health Professionals

- Express empathy
- Give validation
- Show kindness
- Be comforting
- Convey acceptance
- **Listen**
- **Be inquisitive**
- **Demonstrate openness**
- **Be nonjudgmental**
- **Be willing to learn**
- **Do not assume**
- **Affirm client's identity**
- Show understanding
- Do not treat sexual orientation/gender identity as illness
- Be invested in client
- Advocate for client
- Be current/educated on LGBTQ+ community
- Be current on politics
- Not try to change client





What Mental Health Professionals Say has been Helpful when Counseling LGBTQ+ Clients

Items in bold on previous page were noted by
both groups as helpful!

- Build rapport
- Work together
- Self-disclose
- Role model
- Take good history
- Provide sliding scale
- Be aware of family and relationships
- Involve family members and significant others when appropriate
- Build self-acceptance and confidence
- Meet clients where they are
- Ask preferences/needs on front end
- Be aware of intersectionality
- Not over or under pathologize
- Research resources and share with client
- Refer when you are not appropriate
- Not be surprised by sexual orientation and/or gender identity
- Art therapy
- Cognitive Behavioral Therapy
- Motivational Interviewing
- Person-centered Therapy
- Sensitive to pronouns
- Create support group

Dana's Do's and Don't's When Interacting with the LGBTQ+ Community

Do ask **how someone would like to be referred to** (name and pronouns) and **share how you would like to be referred to**

Do ask yourself **“do I need to know this or am I just curious?”** before asking about someone's gender identity, sexual orientation, or relationship status

Do use **gender neutral terms** for gender identity or relationship status (i.e. “they” or “you all;” “significant other” or “partner”)

Do get to know **each person for who they are** (their likes/dislikes, their individual style, etc.)

Do ask each person what **their identity means to them** (i.e. queer, bisexual, asexual, genderqueer)

Do remember that people who identify as LGBTQ+ want to **live happy, fulfilling lives** just like you do



Don't assume someone's **pronouns**

Don't ask about someone's gender identity or sexual orientation if it is **not an appropriate time**

Don't assume someone's **gender identity, sexual orientation, or relationship status**

Don't assume that **every person you meet who identifies as LGBTQ+** is just like every other person who identifies as LGBTQ+

Don't assume that one person's **identity is exactly the same** as another person who uses the same LGBTQ+ term to identify

Don't treat someone who identifies as LGBTQ+ any differently than **how you would want to be treated**

Case Studies

Read and respond to the following case studies...

- Client A identifies as straight, but someone assumed that he identified as gay. Client B identifies as gay, but someone assumed that he identified as straight.
 - ◇ Which one had their **feelings hurt** more— Client A or Client B?

- Your client, a woman, is now married to a man. You find out that she dated women in the past.
 - ◇ What is your client's **sexual orientation**?

- A new client comes in for an intake. You find out from the intake form that the new client was assigned male at birth. The new client is wearing a dress, has facial hair, has painted nails, and speaks with a low voice.
 - ◇ What is your new client's **gender identity**?
 - ◇ What is your new client's **sexual orientation**?
 - ◇ What **pronouns** does your new client prefer to be addressed with?

Answers found on next page!

Case Studies

Answers

- Both Client A and Client B could have **equally hurt feelings**. We may think that being assumed to identify as straight would not cause hurt feelings because being assumed to identify as straight indicates privilege. However, rarely does someone want their identity incorrectly assumed.
- Only your client knows her sexual orientation. You would have to ask her— if you felt that it was relevant. **Most often this would not be relevant unless she indicates that it is.**
- If your new client is Jacob Tobia (<http://jacobtobia.com/>), their gender identity is genderqueer, and they use the pronouns they/them/theirs. If your client is not Jacob Tobia, you should **always ask for preferred pronouns**. Gender identity and sexual orientation should only be asked if found relevant.



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