

edited by

Misty M. Ginicola • Cheri Smith • Joel M. Filmore



Affirmative
with Counseling
LGBTQI+
People



AMERICAN COUNSELING
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6101 Stevenson Avenue • Suite 600

Alexandria, VA 22304

www.counseling.org



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American Counseling Association
6101 Stevenson Avenue • Suite 600
Alexandria, VA 22304

Associate Publisher Carolyn C. Baker

Digital and Print Development Editor Nancy Driver

Senior Production Manager Bonny E. Gaston

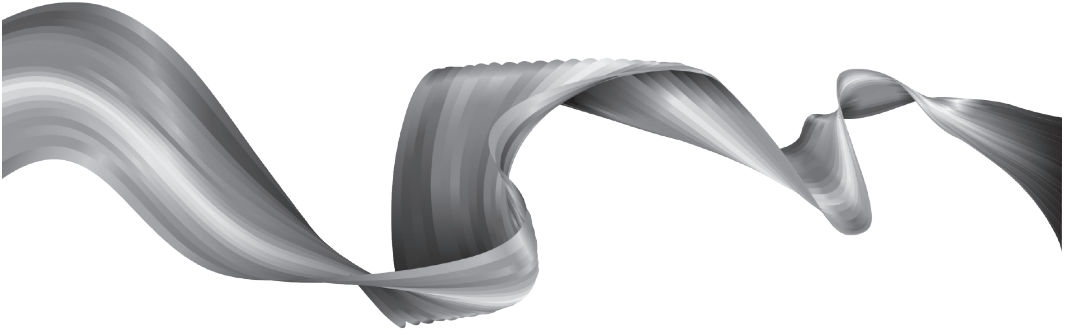
Production Coordinator Karen Thompson

Copy Editor Beth Ciha

Cover and text design by Bonny E. Gaston

Library of Congress Cataloging-in-Publication Data

Names: Ginicola, Misty M., author. | Smith, Cheri, author. | Filmore, Joel M., author.
Title: Affirmative counseling with LGBTQI+ people / Misty M. Ginicola, Cheri Smith, Joel M. Filmore.
Description: Alexandria, VA : American Counseling Association, 2017. | Includes bibliographical references and index.
Identifiers: LCCN 2016048753 | ISBN 9781556203558 (pbk. : alk. paper)
Subjects: LCSH: Sexual minorities—Counseling of. | Sexual minorities—Psychology.
Classification: LCC RC451.4.G39 G56 2017 | DDC 616.890086/64—dc23 LC record available at <https://lccn.loc.gov/2016048753>



*With ignorance comes fear—from fear comes bigotry.
Education is the key to acceptance.*

—Kathleen Patel

• • •

We would like to dedicate this book to all of those who are brave enough to live and love authentically as well as those who are looking for hope that it does indeed get better. We would also like to honor those counselors and helping professionals who commit their lives to learning about and helping lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally, pansexual/polysexual, and two-spirited people find their way, their joy, and their value.

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Preface

*We should indeed keep calm in the face of difference
and live our lives in a state of inclusion and
wonder at the diversity of humanity.*

—George Takei



Possessing counseling competence in serving the lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally, pansexual/polysexual, and two-spirited (LGBTQQIAAP-2S, henceforth referred to as LGBTQI+) communities is important, particularly because previous research has shown that large numbers of this population seek therapy (Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). If counselors are unprepared for work with this population, they could potentially do harm to these clients. Many counselors have not received adequate training to work with affectional orientation and gender minority clients; LGBTQI+ clients are aware of this deficit in the field and prescreen therapists for safety and competence in issues of affectional orientation and gender orientation (Kaufman et al., 1997; Liddle, 1997). Although many standard counseling interventions will be appropriate for work with the LGBTQI+ population, counselors need an awareness and knowledge of this population and its cultures and subcultures that extend beyond typical client concerns (Bieschke, Perez, & DeBord, 2007; Dworkin & Pope, 2012).

The needs of LGBTQI+ individuals are different from those of clients who identify as heterosexual because of variant affectional and developmental experiences that occur as well as the increased stigma and oppression that they may face in their current cultural context. A theme throughout this book is the high level of minority stress that LGBTQI+ persons experience. Without a doubt, common issues of oppression, abuse and neglect, and discrimination are threaded throughout the subgroups of the LGBTQI+ communities; however, it is both the common struggles and the unique ones that are addressed in this text.

Members of the LGBTQI+ population have frequently been lumped together as if their individual needs were exactly the same and they formed one singular community. However, there is a rich history of development, strengths, and needs in this population, both as a collective group and also in its singular subgroups (Bérubé, 1990; Faderman, 1991) that bears acknowledgment and understanding. For example, issues specific to the development of lesbian identity and culture are different from those of other subgroups (Chapman & Brannock, 1987; McCarn & Fassinger, 1996); the same can be said for identity development for gay men, bisexuals, and transgender individuals.

Another theme that is addressed in this book and is crucial for counselors to understand is that of intersectionality; stressors and difficulties are compounded for LGBTQI+ individuals when

other minority statuses, such as race and ethnicity, are also present (Chung & Katayama, 1998). Racial identity development and affectional orientation identity development are complex processes, with research suggesting that they occur concurrently (Jamil, Harper, & Fernandez, 2009). Although some assume that in LGBTQI+ communities there is more acceptance of differences, including race, there is not; in fact, there is just as much racism and prejudice in the queer community as the heterosexual community (Goode-Cross & Tager, 2011). Queer people of color (QPOC) often feel as if they are unable to identify with the predominantly White gay culture (Balsam, Molina, Beadnell, Simoni, & Walters, 2011). They also have difficulty identifying with their racial/ethnic culture, from which they risk rejection and the loss of their only social support and cultural ties because of their affectional orientation (Diamond & Savin-Williams, 2003). The research that has focused on the intersection of race/ethnicity and affectional orientation has suggested that individuals who have to negotiate multiple identities, such as QPOC, are at an increased risk for psychosocial distress because of heterosexism and racism, which is beyond what White LGBTQI+ individuals experience (Smith, Foley, & Chaney, 2008). The discrimination suffered by QPOC is also unique based on various cultural/religious traditions and can contribute to isolation among QPOC, exacerbating psychosocial distress (Lewis, 2009). Along with these factors, one must also consider socioeconomic variables and geography, as well as other -isms that can impact a client's development, such as sexism, ageism, ableism, and the like (Smith et al., 2008).

Given these complex and specialized needs, it is imperative that counselors and other helping professionals obtain specific training on working with members of the LGBTQI+ communities; a brief class session in a multicultural course will not prepare practitioners for understanding the needs and interventions that the entirety of this population requires. As use of the LGBT acronym has increased, so too has the need to understand these complex, varied, and sometimes overlapping identities. A competent counselor needs to have an awareness of the LGBTQI+ experience and knowledge of this population and its specialized needs, as well as the skills required to work with various subcultures in the LGBTQI+ population.

This book seeks to aid in filling the gap in counselor training by providing a current and inclusive reference for developing the awareness, knowledge, and skills needed to work with the LGBTQI+ population. The intended audience is counselor educators, all counselors-in-training, and practicing counselors. This book is also appropriate for other helping professionals, such as psychologists and social workers.

By seeking out the most recent literature and including chapters by authors who serve as experts on LGBTQI+ populations in the counseling field, we have focused on making this book current and of practical importance for the clinician, student, and educator. The book is divided into four main sections: (a) Foundations, (b) Counseling Considerations and Counseling Strategies, (c) Specialized Populations, and (d) Emerging Issues.

Section I: Foundations

In Chapter 1, "Developing Competence in Working With LGBTQI+ Communities: Awareness, Knowledge, Skills, and Action," the authors review the multicultural counseling framework and multiple American Counseling Association-based competencies as well as aspects of basic competencies, including terminology and a history of oppression among the LGBTQI+ population. In Chapter 2, the author reviews the science of gender and affectional orientation.

Section II: Counseling Considerations and Counseling Strategies

In this section developmental issues for LGBTQI+ people are explored. The authors of Chapter 3 provide a conceptualization of growing up LGBTQI+ and how being an affectional

orientation and gender minority may result in additional challenges to development. In Chapter 4, the authors review what is known about LGBTQI+ youth development. Chapter 5 discusses LGBTQI+ persons in adulthood. In Chapter 6, issues surrounding identity development, coming out, and family adjustment are reviewed. It is crucial to understand the process of coming to terms with having a minority gender and/or affectional orientation as well as how the coming out process impacts both individuals and their families. Finally, in Chapter 7, the authors review issues that, because of excessive minority stress, may bring those in the LGBTQI+ population in for medical care and mental health counseling. This chapter, “Physical and Mental Health Challenges Found in the LGBTQI+ Population,” provides counselors with an understanding of normative symptoms in the population due to the oppression, marginalization, and trauma surrounding being a minority. Special attention is paid to how stress may be expressed differently in the subgroups of the queer community.

In addition, counseling treatment issues with LGBTQI+ clients are explored. In Chapter 8, the empirical basis of treatment strategies for these clients is reviewed in “Disaffirming Therapy: The Ascent and Descent of Sexual Orientation Change Efforts,” in which the authors explore the traumatizing role that past mental health professionals and faith-based leaders played in treating affectional orientation as a curable disease. Chapter 9, “Evidence-Based Practice for Counseling the LGBTQI+ Population,” provides a review of the literature as well as an introduction to the importance of using an affirmative approach with clients who are gender and affectional orientation minorities. Finally, in Chapter 10, the authors focus specifically on the affirmative approach in “Affirmative, Strengths-Based Counseling With LGBTQI+ People.” The elements of an affirmative approach, as well as specific methods that can be utilized, are discussed.

Section III: Specialized Populations

In this section, the individual populations that make up the LGBTQI+ community are reviewed in order to provide the crucial counseling competence required to meet each population’s specialized needs. In each chapter, authors address (a) an awareness of differences in the population, (b) knowledge of issues and problems faced by the specific population, and (c) the counseling skills and techniques appropriate for use with each specialized population.

Chapters 11 through 19 discuss issues relevant to counseling lesbian clients, gay male clients, bisexual/pansexual/polysexual clients (individuals whose relationships and bonding are not based on gender), transgender clients (individuals whose designated sex at birth and gender identity do not match), queer and genderqueer clients (individuals whose gender and affectional orientation do not fit into distinct categories), clients questioning their affectional orientation, intersex clients (those born with ambiguous or both male and female genitalia), asexual clients (those who have little or no sexual attraction to others), and two-spirit clients (individuals who are both indigenous peoples to the Americas and LGBTQI+ persons).

Section IV: Emerging Issues

The last section includes emerging issues in the field: ethnicity, religion, and advocacy needs.

The Role of Ethnicity

In Chapter 20, “Counseling an LGBTQI+ Person of Color,” the intersectional issues of ethnicity and LGBTQI+ identity are discussed. In Chapter 21, “Counseling LGBTQI+ Immigrants,” intersectional issues surrounding immigration and naturalization as a member of the queer community are delineated.

The Role of Religion

In Chapter 22, “The Role of Religion and Spirituality in Counseling the LGBTQI+ Client,” the impact of religion on clients’ identity development, numerous affirmative religions, and issues involving counselors’ religious beliefs are discussed. In Chapter 23, “The GRACE Model of Counseling: Navigating Intersections of Affectional Orientation and Christian Spirituality,” an established counseling model for working with religious LGBTQI+ clients is delineated. In Chapter 24, “Working With LGBTQI+ Clients Who Have Experienced Religious and Spiritual Abuse Using a Trauma-Informed Approach,” the authors discuss the impact of religious trauma.

Counselor Advocacy

In Chapter 25, “Becoming an Ally: Personal, Clinical, and School-Based Social Justice Interventions,” the authors discuss why it is important for counselors to identify as allies as well as how counselors can do so in their specific setting.

Glossary of Terms

The book concludes with an extensive glossary of terms that counselors working with this community should know. Problematic terms to avoid are also covered in the glossary.

Conclusion

Each chapter in this book focuses not only on the knowledge base important for practice but also on specific counseling strategies important for treatment planning. The goal of this book is to provide information that is widely needed in practice as well as in counselor training programs. Each chapter additionally has several elements to help counselors understand how to apply this knowledge as well as how to gain resources in the field. First, the “Awareness of Attitudes and Beliefs Self-Check” has three questions designed to increase counselors’ cultural competence, particularly their self-awareness of marginalization and privilege. Second, each chapter contains a brief narrative and case study of a client who represents the content covered. These narratives provide a context that personalizes the information and helps the reader envision a potential client. This context is important, as it helps in the development of a practical framework of counseling strategies for a client who could present in a counselor’s practice or agency. It also provides a transition into each chapter, where authors provide the essential information for counseling practice via theoretical knowledge and established research. At the end of each chapter is a list of five questions related to the original case that represents content for further discussion, which is especially useful for practicing counselors and counselor educators. Finally, online resources are provided to guide readers to more information on each topic.

When counselors have the awareness, knowledge, and skills required to work with the LGBTQI+ population, they will be much more competent providers. The key to being an effective counselor for members of these communities is truly being able to work with each client using an authentic, ethical, and affirmative approach tailored to that client’s individual needs and identity. This book provides a deeper understanding of the theory and process behind counseling LGBTQI+ clients, what these clients’ lives and cultures may entail, and trends in serving this population. We believe that with this information, counselors will enhance their aptitude for serving the needs of this population, which often faces

misunderstanding and rejection from others in their lives. Counselors who work with this population can then provide the understanding, acceptance, affirmation, and healing that LGBTQI+ clients so very often seek in counseling.

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About the Editors

Misty M. Ginicola, PhD, is a professor in the clinical mental health counseling program in the Counseling and School Psychology Department at Southern Connecticut State University.

Dr. Ginicola earned a bachelor's degree in psychology from State University of New York at Cortland. She earned a master's in psychology from State University of New York at New Paltz, where she received training in counseling psychology. She received two additional master's degrees (MS, MPH) from Yale University and graduated with a Doctor of Philosophy from Yale in 2006, where she completed her postdoctoral fellowship focusing on school-based mental health programming and social-emotional skills in youth.

Dr. Ginicola is of Cherokee and Celtic descent and identifies as two-spirited. Her personal experiences and professional interests have developed into specific research areas: working with diverse clients, including the lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally, pansexual/polysexual, and two-spirited (LGBTQI+) population; teaching multicultural competence; and teaching creative counseling strategies. Her previous and ongoing research studies address the broad definition of multicultural issues, including ethnicity, disability, women's issues, affectional orientation and gender orientation, and religion and spirituality, among others.

She additionally serves as her department's liaison for the Council for Accreditation of Counseling and Related Educational Programs and chair of the Diversity Committee. She also is currently the chair of the President's Commission of Campus Climate and Inclusion LGBTQI+ Subcommittee. In the Connecticut Counseling Association, Dr. Ginicola is a past-president of the Connecticut Association for Counseling Education and Supervision; chair of the Special Interest Group Connecticut-Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (CT-ALGBTIC); and chair of the Multicultural Counseling and Development Committee. Dr. Ginicola has served on national task forces for the American Counseling Association's ALGBTIC and is currently an editorial review board member for the *Journal of LGBT Issues in Counseling*.

In addition, she is a licensed professional counselor in the state of Connecticut and operates a private counseling practice called Walk in Balance Counseling. The name has a specific meaning attached to her cultural identity of Cherokee. Reflecting the Native saying "Walk in balance and beauty," she works with clients on a holistic level to ensure that physically, emotionally, psychologically, cognitively, and spiritually (if desired) they are caring for themselves. She also uses a person-centered existential approach to therapy, thereby helping individuals see and maintain the beauty in their lives, even in times of trauma and stress.

Her most challenging and fulfilling role has been as a mother to two sons, Wilson and Waylon. Raising her children has taught her more about teaching and modeling compassion and acceptance than she has ever learned in any textbook.



Cheri Smith, PhD, is a professor at Southern Connecticut State University. She earned her bachelor's degree at the University of West Florida and her master's in education in school counseling and Doctor of Philosophy in educational psychology/counseling at Mississippi State University. She worked in student affairs at Mississippi State University and Florida Atlantic University. Her teaching career began at the University of Montevallo. She has also taught at St. John's University, the University of West Georgia, the New York Institute of Technology, and Troy University. In 1995, while serving as president of the Association for Spiritual, Ethical, and Religious Values in Counseling (ASERVIC), she participated in the first Summit on Spirituality, where the initial ASERVIC competencies were developed. In the late 1980s and 1990s, her research also included HIV/AIDS education. This connection led her to combine her research in the area of spirituality with the LGBTQ+ community.

Dr. Smith is a member of the American Counseling Association, the Connecticut and Alabama Counseling Associations, ASERVIC, ALGBTIC, the Association for Specialists in Group Work, the Association for Counselor Education and Supervision, and Chi Sigma Iota. She has served on the editorial review board for the *Alabama Counseling Association Journal*. Also, she has served as president of the Montevallo chapter of the American Association of University Women and president of the Alabama Counseling Association. In addition, for 5 years she served on the Alabama Board of Examiners in Counseling. She has served on the editorial review board for the journal *Counseling and Values*, and currently she is a site visitor for the Council for Accreditation of Counseling and Related Educational Programs.

She is a licensed professional counselor and supervising counselor in Alabama as well as a National Board Certified Counselor. Her proudest role has been as a parent. Along with her husband, she is raising two daughters with open hearts and open minds.



Joel M. Filmore, EdD, is the founder, co-owner, and director of clinical services for the Lighthouse Professional Counseling Center; he is also lead faculty and program coordinator for Springfield College in Milwaukee. Dr. Filmore earned his bachelor's degree in psychology from the University of Illinois at Chicago. He earned his master's in clinical psychology from Roosevelt University in Chicago. He earned his Doctor of Education in counselor education and supervision from Northern Illinois University in DeKalb, Illinois, where he also earned a graduate certificate in quantitative research methods.

Prior to becoming a counselor educator, Dr. Filmore worked as an academic advisor in the university setting as well as a counselor in the community college setting. He also worked for more than 8 years in social services, predominantly with homeless, HIV-positive, drug-addicted, chronically mentally ill, lesbian, gay, bisexual, transgender, and other disenfranchised populations. Dr. Filmore is a biracial (African American and German/Norwegian) gay man. His personal and professional interests are in the areas of LGBTQI+ populations, multicultural issues, substance abuse/addiction, sex offender issues, sex trafficking, and trauma, as well as counselor competency.

Dr. Filmore currently serves as President-Elect for the national ALGBTIC. He also served as the cochair of the LGBTQQIA Affirmative Counseling and Social Justice

Committee 2 years running for ALGBTIC. He is past-president of the South Dakota Association for Counselor Education and Supervision as well as the cofounder and past-president of the Illinois ALGBTIC.

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Acknowledgments

We would like to thank the American Counseling Association for its unwavering support of the lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally, pansexual/polysexual, and two-spirited (LGBTQI+) community. We are proud to be members of an organization that always advocates for and works toward social justice for the most vulnerable populations among us.

We would also like to thank all of the authors who contributed to this book for their continual work to help those in the LGBTQI+ communities. The impact they make in education, research, and practice truly makes an immeasurable difference in the lives of the clients we serve.

Misty would like to acknowledge her brother, Steve, who taught her that being different was something to be celebrated; growing up with him as a big brother has been an honor and a blessing. She would also like to thank her husband, Mike, who loved and valued her differences from the moment he met her. She would also like to thank her sons, Wilson and Waylon, for opening up a whole new chapter of her life and identity; she works every day to make the world a more accepting place that will value their differences.

Cheri would like to thank Misty, whose hard work and desire to make a difference in the world and in the counseling profession are inspirational. She would also like to thank her fellow coeditor, Joel, and the contributing authors who helped to make this book a reality. She is also thankful to her mentors and colleagues in the Association for Spiritual, Ethical, and Religious Values in Counseling who, for the past 20+ years, have shown her the importance of religion and spirituality in the counseling profession. She would like to acknowledge her parents, who taught her to treat everyone with respect and that social justice is not optional. Cheri would also like to acknowledge Billy R. Cox, an HIV/AIDS activist whose life taught her by example how to fight for a cause with grace and whose death underscored the importance of not waiting for someone else to speak up. Mark Fitzhugh, her favorite Episcopal priest, has supported her with unconditional love and acceptance. Her children, Emma and Ella, both already activists in their own right, give her joy and hope for the future.

Joel would like to thank all of the people who, along the journey of his life, were able to see beyond his brash persona to recognize that underneath was a broken little boy who simply wanted to be loved and accepted. He acknowledges the one woman who helped forge him into the strong, determined firebrand that he is today: his grandmother, Anna Chatfield. He would especially like to thank the one person who can say he truly knows him: his husband and true love, Angel (Chino). Over the past 12 years, Angel has taught him that there really is such a thing as unconditional love.



Section I

FOUNDATIONS

Chapter 1

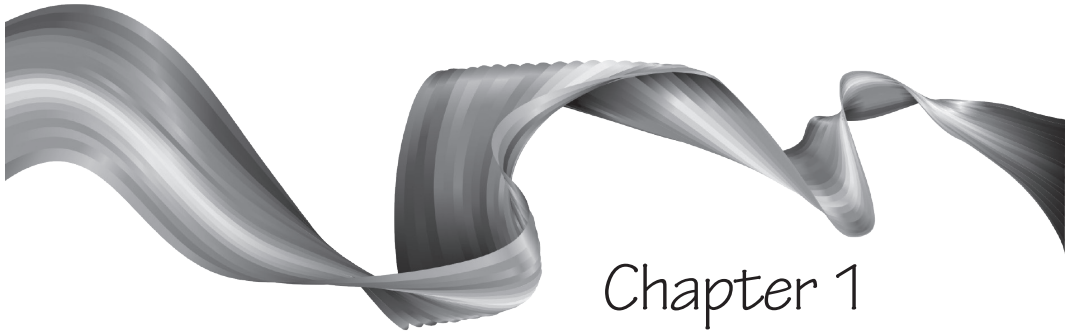
Developing Competence in Working With LGBTQI+ Communities:
Awareness, Knowledge, Skills, and Action

Chapter 2

The Science of Gender and Affectional Orientation

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Counselors working with lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally, pansexual/polysexual, and two-spirited (LGBTQI+) people need a tremendous amount of information in order to serve their clients effectively. Using the framework of American Counseling Association competencies, the authors explore awareness, knowledge, and skills relevant to working with affectional orientation and gender minorities. In this section, the foundation for developing LGBTQI+ competence is addressed through an exploration of American Counseling Association competencies, terminology, history, current civil rights and social struggles, the need for advocacy, and the scientific research surrounding gender and affectional orientation variance.



Chapter 1

Developing Competence in Working With LGBTQI+ Communities: Awareness, Knowledge, Skills, and Action

Misty M. Ginicola, Joel M. Filmore, and Cheri Smith

*We struggled against apartheid because we were being blamed
and made to suffer for something we could do nothing about.*

It is the same with homosexuality.

The orientation is a given, not a matter of choice.

*It would be crazy for someone to choose to be gay,
given the homophobia that is present.*

—Desmond Tutu

• • •

Awareness of Attitudes and Beliefs Self-Check

1. When did you first learn what being gay meant? Was it a positive or negative message?
2. What assumptions do you make about the sexual or affectional orientation of your clients? How might these assumptions emerge in your behavior?
3. What is your knowledge of the history of oppression for lesbian, gay, bisexual, transgender, queer, questioning, intersex, asexual, ally, pansexual/polysexual, and two-spirited (LGBTQI+) persons?

Case Study

Martin is a 35-year-old Jamaican American gay male who has come to counseling. Martin was born in Jamaica and then moved with his family at age 10 to New York City. One of his first memories from Jamaica was watching a man be beaten to death for being gay. His father died when he was 20, and he has been responsible for caring for his family ever since. He has always known that he is gay but kept it a secret because of the extreme prejudice in his culture and family. Martin has been in a 2-year relationship with Angel, a Puerto Rican man. They have recently talked about moving forward in their relationship and moving in together. However, Martin is afraid because that will mean coming out to his deeply religious mother, who is affiliated with the Church of God.

His family lives with him in his house, so there is no way that he could keep it a secret. He has been depressed and, although not overtly suicidal, has some suicidal ideation.

• • •

Multicultural Competence

The main purpose of this book is to assist counselors and other mental health professionals in gaining competence in working with LGBTQI+ clients such as Martin. In Martin's case, there are multiple issues that a counselor without cultural competency may miss. Martin has multiple identities: Jamaican, American, gay, male, caretaker, son, brother, and partner. These roles and identities are conflicting; they may also be something with which a counselor is unable to identify. If a counselor has never had the experience of being an ethnic minority, being an immigrant, being a gay man, growing up in a disaffirming religion and culture, or being the sole provider and caretaker for the family, the way the counselor views the world will be incredibly different from Martin's schema. This is the essential reason why counselors must enhance their cultural competency skills when working with diverse populations.

The American Counseling Association (ACA) *Code of Ethics* has established several standards that apply to counseling LGBTQI+ people (ACA, 2014). ACA ethical standards require counselors to be developmentally and culturally sensitive in all stages of counseling with all clients as well as in counselor education and supervision (Standards A.2.c., B.1.a., E.5.b., E.8., F.2.b., F.7.c., F.11.c., H.5.d.). The *ACA Code of Ethics* also requires counselors to be aware of historical prejudices in diagnosis (Standard E.5.c.); this directly applies to work with LGBTQI+ persons, as they were pathologized as mentally ill through much of history. Standard A.4.b. requires counselors to be aware of personal values; counselors working with LGBTQI+ clients must be aware of their own values related to gender and affectional orientation in order not to impose these attitudes in their work with clients. This is very important, as Standard A.11.b. maintains that counselors cannot refer clients based on value conflicts. Standard C.2.a. specifically requires counselors to develop multicultural counseling competence in order to work appropriately with diverse clients; counselors should also receive continuing education to improve their multicultural competence (Standard C.2.f.).

Several sets of specific competencies developed by groups in ACA can be helpful in guiding counselor learning. The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) competencies for counseling with lesbian, gay, bisexual, transgender, queer, questioning, intersex, and ally individuals (Harper et al., 2013) is the quintessential standard for counselors who serve LGBTQI+ clients (see <http://www.algbtic.org/competencies.html>). Organized along Council for Accreditation of Counseling and Related Educational Programs areas, it provides a framework for understanding all that is needed to be a positive influence in a counseling environment with this minority population. ALGBTIC (2010) also has a set of competencies for working with transgender clients (also available at <http://www.algbtic.org/competencies.html>).

Beyond the specific ALGBTIC competencies, another important framework to utilize is the Association for Multicultural Counseling and Development competencies. The *Multicultural and Social Justice Counseling Competencies* (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2015) model addresses a variety of cultures through counselor self-awareness, client worldview, counseling relationship, as well as counseling and advocacy interventions (see Figure 1.1). An important focus in achieving multicultural competence is understanding the perspectives of a privileged or marginalized counselor as well as a privileged or marginalized client. The dynamics between marginalization and privilege impact a counselor's perspective and behavior. Each minority status carries marginaliza-

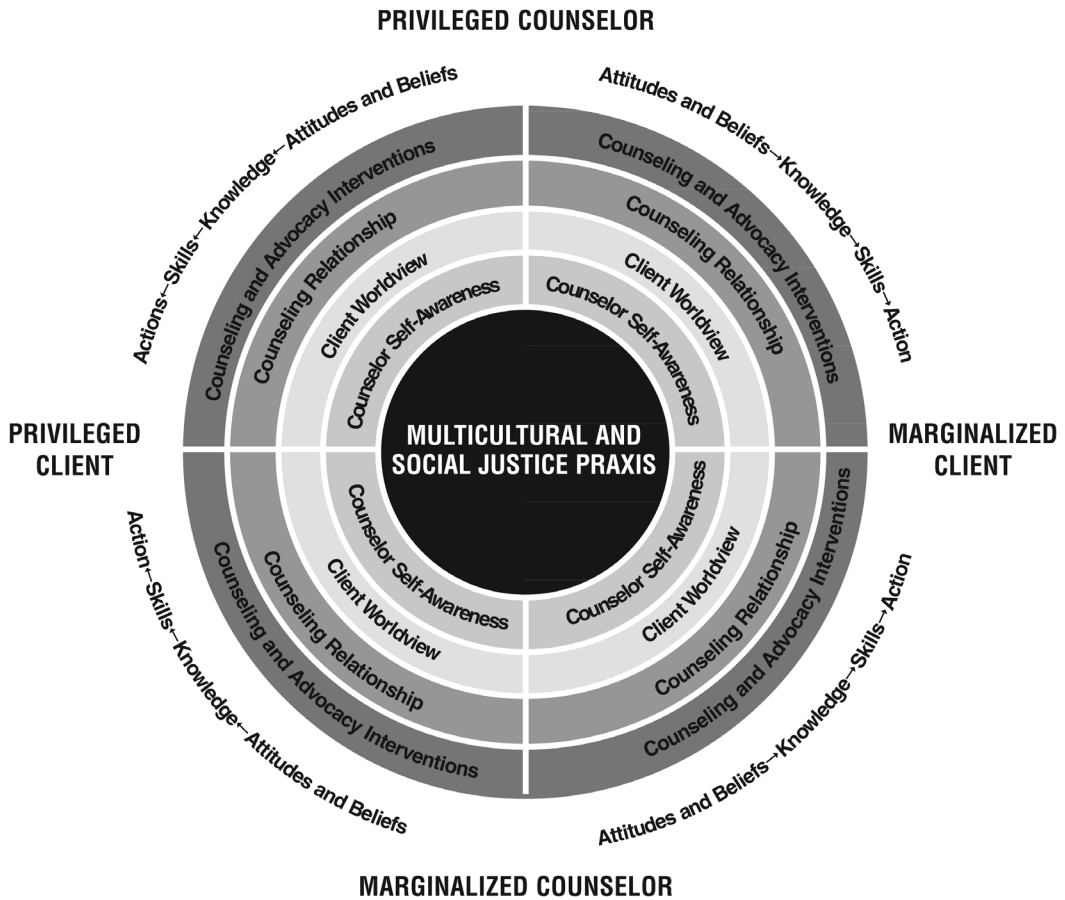


FIGURE 1.1

Multicultural and Social Justice Counseling Competencies

Note. From *Multicultural and Social Justice Counseling Competencies* (p. 4), by M. J. Ratts, A. A. Singh, S. Nassar-McMillan, S. K. Butler, and J. R. McCullough, 2015. Retrieved from <https://www.counseling.org/docs/default-source/competencies/multicultural-and-social-justice-counseling-competencies.pdf?sfvrsn=20>. Copyright 2015 by M. J. Ratts, A. A. Singh, S. Nassar-McMillan, S. K. Butler, and J. R. McCullough. Reprinted with permission.

tion; each majority status carries privilege. However, every person carries a series of complex identities and backgrounds (age, gender, ability status, religion/spirituality, socioeconomic level, race/ethnicity, affectional orientation and gender orientation, immigrant status, indigenous heritage, mental health status, etc.) that form multiple perspectives of both privilege and marginalization, as one person can be a minority in some statuses and in the majority in others. This complex interconnection of social identities is called *intersectionality* (Harper et al., 2013). For counselors, understanding the impact of discrimination, power, stereotypes, privilege, and oppression is central to serving any population but is particularly important with the LGBTQI+ population.

In considering their own privilege and marginalization, counselors must consider their intersectional identities, as they will very likely experience privilege in some areas and marginalization in others. Kocet (2008) adapted a checklist from Operation Concern to represent an activity to fully explore power and privilege (see Figure 1.2). In this activity, counselors can identify where they have more power, enjoy less stigma, and have an

NORM (Have Privilege)	OTHER (Less Privileged)
Men <input type="checkbox"/>	Women <input type="checkbox"/>
White <input type="checkbox"/>	People of color <input type="checkbox"/>
Heterosexual <input type="checkbox"/>	Lesbian, gay, bisexual <input type="checkbox"/>
Non-transgender <input type="checkbox"/>	Transgender <input type="checkbox"/>
Wealthy <input type="checkbox"/>	Poor <input type="checkbox"/>
Adult <input type="checkbox"/>	Child <input type="checkbox"/>
Traditionally educated <input type="checkbox"/>	Self-educated <input type="checkbox"/>
Society's definition of sane <input type="checkbox"/>	Other than society's definition of sane <input type="checkbox"/>
Temporarily able bodied <input type="checkbox"/>	Differently abled <input type="checkbox"/>
Society's definition of attractive <input type="checkbox"/>	Other than society's definition of attractive <input type="checkbox"/>
Society's definition of emotionally stable <input type="checkbox"/>	Other than society's definition of emotionally stable <input type="checkbox"/>
Young adult or middle aged <input type="checkbox"/>	Older <input type="checkbox"/>
English speaking <input type="checkbox"/>	Other language speaking <input type="checkbox"/>
Average size <input type="checkbox"/>	Other sized <input type="checkbox"/>
White collar <input type="checkbox"/>	Blue collar <input type="checkbox"/>
Noninstitutionalized <input type="checkbox"/>	Institutionalized <input type="checkbox"/>
Nonvictim <input type="checkbox"/>	Survivor <input type="checkbox"/>
Christian <input type="checkbox"/>	Those with other religious/spiritual beliefs <input type="checkbox"/>
North American <input type="checkbox"/>	The rest of the world <input type="checkbox"/>
Two heterosexual parents per family <input type="checkbox"/>	Other family compositions <input type="checkbox"/>
Healthy <input type="checkbox"/>	Less healthy <input type="checkbox"/>
Land owners <input type="checkbox"/>	Tenants <input type="checkbox"/>

FIGURE 1.2

Kocet's (2008) Adapted Power and Privilege Checklist

Note. Adapted from "My Personal Privileges Handout," by M. Kocet, 2008, at <http://vc.bridgew.edu/cgi/viewcontent.cgi?filename=2&article=1003&context=change&type=additional>. Originally adapted from National Centers of Excellence in Women's Health Cultural Competence Curriculum, originally from Operation Concern, Department of Social Work Education, San Francisco State University, San Francisco, CA. Copyright 1993 by B. G. Gordon and H. B. Hogue. Adapted with permission.

opportunity to serve as allies for the less privileged or marginalized group. Both privilege and marginalization will shape a counselor's attitudes and beliefs, which can potentially interfere with counseling clients, if one is unaware of them.

The multicultural competence model also requires counselors to develop an awareness of attitudes and beliefs, requisite knowledge, skills, and actions to take in the areas of counselor self-awareness, client worldview, and the counseling relationship. These areas culminate in establishing competency with counseling and advocacy interventions with and on behalf of clients at multiple levels.

Two other sets of competencies can be valuable for counselors who work with LGBTQI+ clients: the Association for Specialists in Group Work *Multicultural and Social Justice Competence Principles for Group Workers* (Singh, Merchant, Skudrzyk, & Ingene, 2012) and the Spiritual Competencies of the Association for Spiritual, Ethical, and Religious Values in