

Counseling the GSM Community

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Capacity to Treat LGBTQ Patients*

Trends in Treatment

- Why would an LGBTQ person seek treatment??



Image retrieved from
<http://www.neibh.org/content/mental-health-counseling>

- Same reasons a non-LGBTQ person would.
- Coming out
 - Decision making
 - Coping with fear
 - Coping with shame
 - Coping with stigma
- Support for social and/or physiological transition
- Relationship stress
- Spiritual/existential crises
- Addictions



Creating



Safe Space

Treatment Planning

- Rapport building and humanistic approaches
- Gestalt methods for those who feel “split”
- Evaluating sources of meaning and purpose
- Using genograms to understand relationships with family
- Using the CASS model to guide interventions at determining stage of identity development
- Group therapy
- Role play “difficult conversations”
- Treat anxiety
- Evaluate self-talk
- Suicide risk assessment
- Body image

(Shallcross, 2011)

Internalized Homophobia / Transphobia

- Inherent belief that one's sexual identity and/or gender identity is *wrong, flawed, and abnormal*.
- Much higher likelihood of depression, anxiety, addictions, and suicidal ideation.
- Counselors must be capable of identifying internalized homophobia/transphobia
 - Evaluate beliefs around sexual/gender identity
 - Look for indicators of shame
 - Does the person express a strong desire to change?
 - Assess for the root causes and treat

Observing and Acknowledging Bias

- “One of the most important things counselors can do [to prepare] is engage in the process of self-reflection on their own sexual orientation and gender identity... Until you understand your own sexual orientation and gender identity, there’s no way a clinician will be able to understand and work with an LGBT client” (Shallcross, 2011, para. 3).
 - What does your sexuality mean to you?
 - How does your sexuality influence your life?
 - How does your sexuality influence your relationship with others? Including your clients?
 - Heterosexual privilege

Observing and Acknowledging Bias

- What have been the primary messages that you have heard about ...
 - Gay men
 - Bisexual individuals
 - Lesbians
 - Transgender individuals
 - A person living with HIV
- What stereotypes emerge when you hear each of those words?
- How can these stereotypes affect your work with one or more of these individuals?

Squashing Assumptions

- Assuming my client is depressed because he is gay
- Assuming that my lesbian client is interested in sports so, in my attempt to build rapport, I ask her how she thinks the Cardinals played
- Assuming that the young bisexual man sitting in my office is just confused and is really gay
- Assuming that the Latino man who has had sex with men identifies as something other than heterosexual
- Assuming that my HIV positive client has no plans to have children
- Assuming that the trans-identified person wants to initiate biological changes
- Assuming that queer is a derogatory word

Ethical Considerations

- To identify as a member of the gender and sexual identity community is not a choice, disorder or disease. Nor is it unnatural or immoral. To hold these beliefs would do harm to the client.
 - Referral based solely on values is unethical and a counselor must seek training to improve cultural competence and ability to treat diverse clients
- As with all client and student (for educators and supervisors) those who identify as a member of the GSM population should be treated with compassion, respect, and support.
- In no way, should a counselor prevent a client from choosing to come out or explore the process of doing so.
- Consider and evaluate and homophobic, transphobic, and/or heterosexist attitudes one may hold prior to and while working with individuals of the GSM community. All clinical conceptualization and evaluation should be based on sound research.
- Being “out” as an ally is upholding the ethical principles of beneficence and justice.

Additional Role as Advocate

- Evaluation and assessment for gender transition
- Letter writing
- Educator
- Be visible as a supporter
 - Advertising
 - Use the correct terminology
 - Attend conferences and workshops
 - Speak up
- Become a straight ally or allied organization

WPATH Standards of Care

- Professionals must meet minimum qualifications to be appropriate to treat/advocate for a person with gender dysphoria
 - This includes training and cultural competence
- Referral letters:
 - Hormone treatment – 1 letter
 - Breast surgery – 1 letter
 - Genital surgery – 2 letters from different clinicians
- Content
- Minimum standards

Working with the HIV Positive Client

- No longer a death sentence – identified as a chronic illness
- Stigma
 - “Gay disease”
 - Sex
 - Drug use
 - Death
- Trauma
- Coping with changes

References:

- Shallcross, L. (2011). Come and be who you are. *Counseling Today*, May 2011. Retrieved from <http://ct.counseling.org/2011/05/come-and-be-who-you-are/>