PART I

Foundations of LGBTQ+ Affirmative Counseling

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LGBTQ+ Affirmative Counseling

An Overview

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Learning Objectives

1. To understand and apply knowledge of the key terms, selected historical events, tenets, and techniques associated with LGBTQ+ affirmative counseling.
2. To understand the current professional consensus on best practice with LGBTQ+ clients.

Introduction

The paradigm of lesbian, gay, bisexual, transgender, and queer /questioning plus (LGBTQ+) affirmative counseling is a coherent mode of counseling and psychotherapy practice. As an integrated conceptual

framework, LGBTQ+ affirmative counseling blends best practice standards from several mental health professions with grounding in feminist, multicultural social justice, cognitive-behavioral, family systems, and humanist-process theories of human development. Our purpose with this text is to provide students, new professionals, or experienced professionals hoping to deepen their skills in LGBTQ+ affirmative counseling with current best practice recommendations for working with LGBTQ+ clients based on a synthesis of the scholarship and evidence base. Advocates, allies, and practitioners committed to providing an ethical and effective service to LGBTQ+ people should view LGBTQ+ affirmative counseling as a dynamic and evolving mode of practice that includes work at the individual, group, family, and social levels.

As a counselor, imagine the following scenarios:

- Assessing a 15-year-old nonbinary youth who uses they/them pronouns and identifies as Afro-Latinae brought to counseling by foster parents for fighting with other youths at their foster home
- Participating in a treatment team meeting in which two other mental health providers state their discomfort in working with lesbian, gay, bisexual, and transgender people and share that they view same-sex sexuality and transgender identity as inherently pathological
- Being a graduate counseling student or newly graduated counselor who personally knows and affirms LGBTQ+ people but who has never taken a course on or had supervised practical experience in working with LGBTQ+ clients

In each scenario, practicing through a lens that is affirmative of lesbian, gay, bisexual, transgender, queer/questioning, and related modes of lived experience serves as the foundation for ethical and effective counseling to members of these historically and currently marginalized groups. The helping professions, including psychiatry, psychology, social work, and counseling, have evolved from pathologizing LGBTQ+ identities and experiences to mandating nondiscrimination against LGBTQ+ people (Byers et al., 2019). As sociocultural mores and attitudes shifted toward greater acceptance and inclusion of LGBTQ+ people, spurred by committed

advocates both within and outside of the helping professions, scholarship on and standards of practice in LGBTQ+ affirmative counseling and psychotherapy have increased.

Throughout this text, we will use the acronym LGBTQ+ to represent lesbian, gay, bisexual, transgender, and queer/questioning people and other groups who experience or express other modes of sexual, affectional, and gender diversity. Clients, students, and their families may or may not relate to the specific terms included in the LGBTQ+ acronym but may still experience difficulties related to their modes of gender identity and/or sexual-affectional identity and expression. Language is continuously evolving, and our hope is to honor the identities and experiences of diverse communities who face common issues in terms of social marginalization and who face unique and distinct issues based on their unique and intersectional identities.

LGBTQ+ People

Gender identity and sexual-affectional identity diversity are recorded by scholars throughout human history and manifest in culturally specific ways around the globe. The focus of this text is on describing LGBTQ+ affirmative counseling in the practice context of the United States; Chapter 15 covers international perspectives on LGBTQ+ affirmative counseling. A recent survey by Gallup found that up to 20% of individuals in the United States aged 16–25 identify as nonheterosexual or as having a noncisgender identity; estimates of the general population on average suggest that between 3% and 10% of adults identify with a LGBTQ+ identity (Jones, 2022). As individuals continue to report fear related to disclosing their LGBTQ+ status, accurate estimates of the LGBTQ+ and other gender and sexual-affectional diverse populations are difficult to determine. In addition, the self-reflection, community support, and identity development associated with gender and sexual-affectional diversity involve engagement with nonlinear and lifelong processes that are influenced by social and environmental context (ALGBTIC LGBQQIA Competencies Task

Force, 2013; APA, 2021). Discrimination and other forms of marginalization remain common features of LGBTQ+ people's lives. Accessing mental health care and identifying practitioners who are affirming of LGBTQ+ identities remain common challenges for LGBTQ+ people seeking counseling and psychotherapy services (National Academies of Sciences, Engineering, and Medicine, 2020).

Key Terms

For the purposes of defining LGBTQ+ affirmative counseling, it is important to explain key terms for describing LGBTQ+ people and related populations. Gender identity refers to an individual's sense of being female, male, nonbinary, and/or transgender and can be experienced as both static and enduring and/or fluid (APA, 2017). The term "sex" refers to physical characteristics such as reproductive organs, genitalia, and the chromosomes associated with the development of these characteristics. The gender binary paradigm is based on the perspective that there are only two normal or desirable modes of gender and sex: man/male and woman/female. Rigid adherence to the gender binary paradigm is used to justify antitransgender prejudice, sexism, and anti-LGBTQ+ prejudice in society. The term "intersex" refers to people who possess both male and female physical characteristics. A customary practice in the United States is to assign a gender to a person either in utero or at birth based on superficial visual inspection of their external genitalia. A person whose birth-assigned gender aligns with their gender identity is referred to as "cisgender," and a person whose gender identity does not align with their birth-assigned gender may identify as transgender, nonbinary, or agender (someone who expresses no gender identity). Someone who identifies as gender fluid experiences changes in their gender identity and expression. Current perspectives on lifelong gender identity development are explored in depth in Chapters 5 and 7.

"Sexual orientation" refers to a pattern of romantic and sexual behavior, identity, experiences, and expression and encompasses asexuality or the

experience of little to no sexual and romantic attraction to other people (National Academies of Sciences, Engineering, and Medicine, 2020). "Sexual-affectional identity" refers to an individual sense of sexual orientation that is inclusive of both sexual attraction and emotional and romantic affinity. Both sexual orientation and sexual-affectional identity can be experienced as enduring or fluid, like gender identity. Current thinking and historical perspectives on sexual orientation and sexual-affectional identity are explored in Chapters 6 and 8. The word "lesbian" refers to women who are primarily to exclusively attracted to persons of the same sex and gender, and the word "gay" can refer to cisgender, transgender, and nonbinary people who are similarly same-sex and same-gender attracted, although is more commonly used by male-identified people. The word "bisexual" refers to the experience of being sexually and/or romantically attracted to people of both sexes, and the related word "pansexual" implies attraction to all sexes and genders.

"Queer" can refer to people who identify as LGB or to people who prefer to not identify with any sexual orientation label. Similarly, "genderqueer" may refer to people who prefer to not identify with any dimension of male or female. "Questioning" refers to people who are unsure about their gender identity and sexual orientation. The phrase "gender and sexual orientation diversity" is an inclusive umbrella term that refers to people and communities whose gender identity and sexual-affectional identity do not conform to the heterosexual and cisgender norm. It is important to emphasize that sexual orientation and gender identity are two related but distinct phenomena. People who identify as gay or lesbian, for example, may also identify as transgender but may also identify as cisgender. Transgender and gender-nonbinary people may identify as gay, lesbian, bisexual, or heterosexual. We use the acronym LGBTQ+ in this text to refer to the spectrum of gender identity and sexual-affectionally diverse people. Practitioners of LGBTQ+ affirmative counseling are intentional about the use of these and related terms in a respectful manner and acknowledge that self-identity is constantly evolving. The phrase "LGBTQ+ affirmative counseling" refers to a comprehensive practice framework for promoting the health and well-being of LGBTQ+ people based on valuing LGBTQ+

identities as normative manifestations of human experience and development. The following section takes a deeper dive into the development and principles of LGBTQ+ affirmative counseling.

The History of LGBTQ+ Affirmative Counseling

Professionals and advocates have discussed behavior that does not conform to gender-binary and heterosexual norms since the origins of psychology and psychiatry in the late 1800s in Europe and the United States (Byers et al., 2019). The first edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM) published in 1952 listed homosexuality as a mental disorder, reflecting the prevailing psychoanalytic perspective that sexual orientation diversity was inherently pathological (Byers et al., 2019). The developers of the DSM omitted gender identity until 1980, when transsexualism was listed as a mental disorder. The American Psychiatric Association (APA) replaced transsexualism with gender identity disorder in the DSM-IV in 1994 and gender dysphoria in 2013 with the publication of the DSM-5 (APA, 2017). Efforts to change sexual orientation and gender identity diversity to encourage conformity to heteronormative and cisnormative values were considered the standard of care across the mental health professions. Advocates for gender and sexual orientation diversity and liberation engaged in a multidecade effort to resist discrimination that predominated in the mental health professions and to depathologize LGBTQ+ identities and experiences. One of the main arguments made by advocates for gender and sexual orientation diversity was that the pathologizing of LGBTQ+ people reflected social mores and not professional and scientific standards. Scholar-practitioners like Evelyn Hooker contributed to this effort by conducting practical research with populations of LGBTQ+ people, frequently finding that there were no inherent links between LGBTQ+ identities and mental disorder (Byers et al., 2019). The precursor to the World Professional Association for Transgender Health (WPATH) developed standards for medical professionals to adopt when working with people seeking gender reassignment (i.e., gender affirming care) that supported the desire of transgender people to live congruently in their gender identities.

In 1973, advocates for LGBTQ+ diversity realized success in having homosexuality removed as a mental disorder from the DSM; however, gender dysphoria and ego-dystonic homosexuality remained in the DSM-III as diagnosable conditions. By the mid-1980s, other practice-based scholars began developing the framework termed "minority stress theory" (Meyer, 2003), or the premise that the mental and physical health inequities experienced by LGBTQ+ people were primarily the result of social marginalization, discrimination, and oppression, especially as these occurred in the health care systems. The HIV/AIDS crises of the late 1970s and 1980s illustrated the impacts of discriminatory practices and policies on the health and well-being of LGBTQ+ populations. By 1987, the APA had removed all references to homosexuality from the DSM, though many practitioners still engaged in efforts to promote client conformity to heteronormative or cisnormative identities and behaviors (commonly referred to as "conversion" or "reparative therapy").

In the early 2000s, codes of ethics in counseling and psychology began to reflect a more affirming perspective regarding nondiscrimination toward LGBTQ+ people, and the practice of LGBTQ+ affirmative counseling and psychotherapy began to be discussed more prominently in the literature base (Byers et al., 2019). The APA changed its diagnosis of gender identity disorder to gender dysphoria in the DSM-5. The intent of this change was to focus on the distress people experience when their gender identity does not align with their biological sex and/or the distress experienced from marginalization of their gender identity rather than transgender or nonbinary identities themselves being diagnoses. Advocates continue to push for the depathologizing of transgender and nonbinary identity development, though gender dysphoria remains in the DSM-5 Text Revision (DSM-5-TR) today (APA, 2017).

Beginning in the mid-2000s and continuing today, the mental health professions appear to have reached a consensus that sexual orientation change efforts and gender identity change efforts aimed at promoting conformity to heterosexual and cisgender identities are inherently harmful, unlikely to be effective, and not in agreement with professional values. Frameworks for gender affirming counseling and for counseling that is

affirming of LGB people have been developed by the American Counseling Association (ACA) and APA, reflecting adherence to multicultural-social justice counseling principles. Today, advocates for LGBTQ+ liberation are infusing an inherently intersectional perspective into their efforts that seeks to center the needs and experiences of historically marginalized groups within LGBTQ+ populations such as Black, Indigenous, and people of color (BIPOC), transgender and nonbinary people, and people with marginalized ability status issues (ALGBTIC LGBQQIA Competencies Task Force, 2013; APA, 2021).

Provider competence to work with LGBTQ+ and related gender- and sexual-affectional-diverse populations continues to be an urgent need across mental and physical health care systems. Professional associations prohibit discrimination or acting on personal biases and prejudices directed at LGBTQ+ and related populations, as specified by the authors of the ACA Code of Ethics (2014), the Ethical Principles and Code of Conduct put forth by the APA (2020), and in position statements published by the APA (2021). The Code of Ethics (2017) of the National Association for Social Workers states that social workers should develop cultural competence and understanding of sources of sociocultural diversity, including sexual orientation and gender identity, and proactively advocate for the elimination of discrimination against marginalized groups. While the major mental health professional associations have all endorsed best practice guidelines for work with and on behalf of LGBTQ+ clients, these guidelines do not carry the weight of ethical mandates. Little to no standardized training on LGBTQ+ affirmative counseling is available for experienced professionals finished with their own entry-level education, creating a gap in competence between new graduates and those who have been working in the field, which is one of the main reasons why we sought to create this text.

Tenets of LGBTQ+ Affirmative Counseling

The main tenets of LGBTQ+ affirmative counseling have evolved over time (Byers et al., 2019). In professional psychology, the cultivation of affirming and inclusive attitudes was considered both necessary and sufficient

for counselors and psychotherapists, asserting that LGBTQ+ affirmative counseling is a general orientation and not necessarily a comprehensive framework (Bidell, 2017). Over time, the paradigm of multicultural-social justice competence became more prominent in both professional psychology and counseling fields. The multicultural-social justice competence framework is based on counselors and psychotherapists intentionally cultivating the awareness, knowledge, and skills to support marginalized and oppressed populations; the awareness–knowledge–skills–advocacy model is itself based on social-cognitive and self-efficacy theory (Bidell, 2017). In applying the awareness–knowledge–skills–advocacy model to work with LGBTQ+ clients, scholars and practitioners developed supporting frameworks that are based on the lived experiences of LGBTQ+ people in terms of supporting mental health and well-being across the lifespan. The practice of LGBTQ+ affirmative counseling today is based on a synthesis of theory, evidence-based models, and ethical principles that helps operationalize nondiscrimination and the awareness–knowledge–skills–advocacy paradigm when working with LGBTQ+ clients.

The basis for modern LGBTQ+ affirmative practice is the framework termed "minority stress" (or "marginalization stress"; Hope et al., 2022; Pachankis et al., 2023). The minority stress paradigm asserts that the higher rates of mental and physical health issues seen in LGBTQ+ groups are not due to inherent pathology but rather are a function of their development within a prevailingly hostile social environment (Meyer, 2003). From exclusionary and oppressive laws to negotiating negative attitudes directed at them in their day-to-day lives, LGBTQ+ people continue to face a host of obstacles that negatively affect their ability to negotiate their developmental needs (Kassing et al., 2021). A key aspect of minority stress theory involves how LGBTQ+ people internalize negative attitudes about their LGBTQ+ identities, leading to internalized prejudice, lower self-esteem, and self-loathing, which also frustrates the efforts of LGBTQ+ people to realize optimal mental and physical health. Minority stress and internalized prejudice are described more fully in Chapter 3.

Originally focused on minority stress associated primarily with LGBTQ+ identities and experiences, LGBTQ+ affirmative counselors and psychotherapists should infuse intersectionality into their work. Intersectionality