Affirmative Counseling as a Way to Promote Identity Wellness in LGBTQI+ Adolescents

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Risk Factors

Being Outed

- Sexual orientation is discovered by parents, friends, and/or others
- Discovered sexual identity can lead to substance use, sexual conduct, and various mental health concerns (Rosario et al., 1996).

Lack of Support / Rejection from Family

- Coming out has been related to losing connections to immediate family (Greene, 1994; Ryan, 2001).
- LGBTQI+ adolescents who were reject from both parents showed higher levels of mental health concerns (e.g., depression, anxiety, phobic anxiety, etc.) than their accepted counterparts (D'Augelli, 2002).
- LGBTQI+ adolescents who experienced family rejection were eight times more likely for suicidal risk (Ryan et al.,

School Bullying

- "The classroom is the most homophobic of all social institutions" (Muñoz-Plaza et al., 2002, p. 53).
- Ninety percent of LGBTQI+ students experience school bullying (Harris Interactive and GLSE, 2005).
- Bullying can increase health risks (e.g., substance abuse, attempted suicide), absenteeism (Garofalo et al., 2006), lower academic achievement (Kosciw et al., 2012), and mental health concerns (e.g., depression, self-esteem) (Bontempo & D'Augelli, 2002; Wyss, 2004).

Lack of Effective/Affirmative School Policies

- Can strengthen gender-role conformity and heteronormativity (i.e., school dress codes that mandate different attire for males and females).
- Some anti-school bullying policies do not include homophobic bullying (Johnson, 2007).

Non-Affirming Community

- LGBTQI+ adolescents experience more harassment and assault related to their gender orientation and expression (South and Midwest more likely than Northeast or West) (Kos et al., 2006).
- LGBTQI+ in rural community experienced more harassment and assault than those in urban or suburban communities (Kosciw et al., 2006)

Wellness and LGBTQI+

1. Coping Self: The combination of elements that regulate one's responses to life events and provide a means to transcend the negative effects of these events (e.g., leisure, realistic beliefs, stress management, self-worth).
2. Social Self: Social support through connections with others in friendships and intimate relationships, including family ties (e.g., friendship, love).
3. Essential Self: Essential meaning-making processes in relation to life, self, and others (e.g., cultural identity, gender identity, spirituality, self-care).
4. Physical Self: Our body and how it is effected by our choices (e.g., exercise, nutrition).
5. Creative Self: The combination of attributes that each of us forms to make a unique place among others in our social interactions and to positively interpret our world (e.g., control, emotions, thinking, work).

THE INDIVISIBLE SELF:
An Evidence-Based Model Of Wellness

CONTEXTS:

Local (safety)
Family
Neighborhood
Community

Institutional (policies & laws)
Education
Religion
Government
Business/Industry

Global (world events)
Politics
Culture
Global Events
Environment
Media

Chronometrical (lifespan)
Perpetual
Positive
Purposeful

The Indivisible Self

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Wellness & Affirmation for LGBTQI+ Adolescents

Social Need[1]: School and Community
Connect individuals to affirmative community agencies.

Social Need[2]: Family Support
Resilience-based family therapy.
Grief counseling for family members.

Essential Need: Identity Development
Satisfaction with one's definition of identity.
Support of self-defined identity.

Coping Need: Individuals Coping Skills
Strength-based stress management techniques.

Affirmative Counseling

Individuals with sexual and gender identities different than those of their heterosexual counterparts were conceptualized in the mid-1900's as having a severe psychopathology, needing a cure, or in need of a reparative therapy (Lev, 2015). The work of notable researchers, such as Alfred Kinsey and Evelyn Hooker, and early writers on this topic challenged early beliefs systems (Lev, 2015). One such article that viewed homosexuality in a normative light was written by Alan Malyon who coined the term "gay affirmative" psychotherapy. Malyon (1993) has noted that gay-affirmative psychotherapy "is not an independent system of psychotherapy," but one that "represents a special range of psychological knowledge that challenges the traditional view that homosexual desire and fixed homosexual orientations are pathological" (p. 90). As more research has been done, other fully definitions have arose. Perez (2007) stated that LGBT affirmative therapy is, "the integration of knowledge and awareness by the therapist of the unique developmental cultural aspects of LGBT individuals, the therapist's own self-knowledge, and the translations of this knowledge an awareness into effective and helpful therapy skills at all stages of the therapeutic process" (p. 408).

A Focus On

Professional Awareness

- Develop professional self-awareness and examine their own attitudes of sexual identity and identity development (Dillon, Worthington, Soth-McNett, & Schwartz, 2008). This self-awareness may involve recognizing and addressing held stigmas and feelings of difference (Davies, 1996).

View of Sexual Identity

- View sexual identity as central to the client's personhood, as opposed to on the periphery of the client's identity, through a marginalized lens, or in terms of heterosexual societal norms (Morrow, 2000).

Education

- Education themselves on unique issues and circumstances that LGBTQ+ clients can present in session, such as coming out (Floyd & Bakeman, 2006). An increased knowledge of LGBTQI+ clients and their culture could hone other areas of counseling professionalism, such as adopting affirming language on paperwork, verbal use of affirmative language, and one's assessment ability to help identity underlying problems.

Advocacy

- Enhance advocacy efforts for LGBTQI+ clients, their community, and various social concerns (Dillon et al., 2008; Tozer & McClanahan, 1999).

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