

# Working with LGBTQ+ Clients Using Affirmative Therapy

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## Agenda

- Introduction
- Part 1: Attitudes
  - Self-reflection
  - Macro reflection
- Part 2: Knowledge and Skills
  - Social supports
  - Internalized transphobia/homophobia
  - Intersectionality
- Conclusion

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## Introduction

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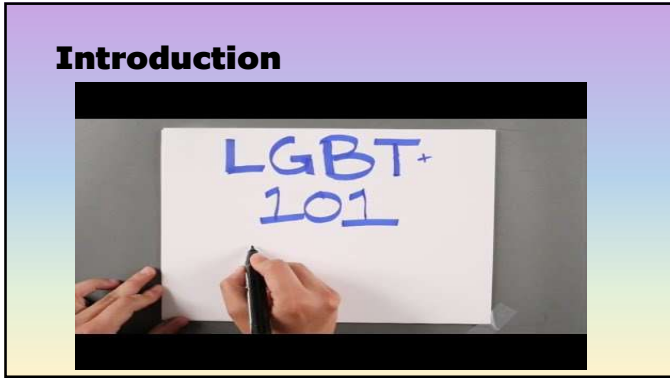
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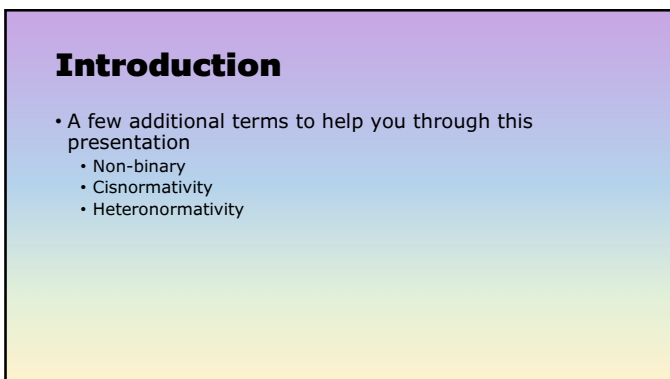
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### Introduction

- “Treatment” for LGBTQ+ people now broadly considered unacceptable
  - Electroshock
  - Aversion (such as through induced nausea)
  - Brain surgery
  - Castration
  - Hormone therapy
  - Exorcism

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### Introduction

- Obvious examples of bad practice
  - Conversion therapy
  - Rejecting a client’s disclosure (“That can’t be right”)
  - Quid pro quo – ex. only agreeing to write a letter for hormones if the client participates in your research study
  - Refusing to provide services without unnecessary intrusive procedures (ex. an unneeded genital exam)
  - Laughing at a client’s gender expression
  - Refusing to use client’s gender pronouns

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### Introduction

- So if we know all of that, what is the problem?
  - Most people not getting training in school on what IS helpful
  - Journals publish few articles on these topics
  - Many providers want to help but feel uncertain about what to do



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## Introduction

- What is affirmative therapy?
  - Affirmative = “supportive, hopeful, or encouraging”
    - How do you demonstrate this?
      - Through how you treat someone?
      - Through what you know?
  - Being affirmative towards all gender identities and sexual orientations
    - Not a neutral position
    - Using our authority to normalize their identity
  - A way of being *all* the time, not just once someone has disclosed to us
  - This is not a separate type of psychotherapy
    - Complements many types of modalities
    - Works best with an approach that honors dual expertise

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## Introduction

- Primary texts
  - Bieschke, K. J., Perez, R. M., & DeBord, K. A. (Eds.). (2006). *Handbook of Counseling and Psychotherapy with Lesbian, Gay, Bisexual, and Transgender Clients*. Washington, DC: American Psychological Association.
  - Keo-Meier, C., & Ehrensaft, D. (2018). *The Gender Affirmative Model: an interdisciplinary approach to supporting transgender and gender expansive children*. Washington, DC: American Psychological Association.
  - Davies, D., & Neal, C. (1996). *Pink Therapy*. Buckingham England; Bristol, Pa: Open University Press.
  - Ritter, K. Y., & Terndrup, A. I. (2002). *Handbook of Affirmative Psychotherapy with Lesbians and Gay Men*. New York: The Guilford Press.

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## Part 1: Attitudes

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## Self-reflection

"It is presumptuous to assume that counselors who have been taught about valuable concepts like unconditional positive regard are able to apply them with gay or lesbian clients if they are not aware of their own heterosexual or homophobia bias." - Iaserza 1989

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## Self-reflection

- How comfortable are you with....
  - Talking with a client about any kind of sex?
  - Talking with a client about sex that is different from what you do?
  - The idea of gender as a spectrum and not a binary?

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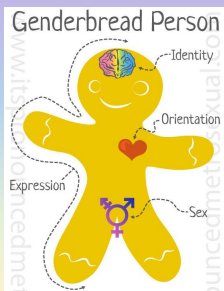
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## Self-reflection

<https://www.genderbread.org/>



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## Self-reflection

<http://www.pinktherapy.com/portals/0/CourseResources/HeterosexualQnr.pdf>

**PINK THERAPY**

**Heterosexual Questionnaire**

Martin Raablin Ph.D.  
(Susan Van Hornegubler-Horn and I did pay for this print. Women's Research Unit, 1993. Doctor Press Books, USA, page 001-004)

1. What do you think caused your heterosexuality?
2. When and how did you first decide you were a heterosexual?
3. Is it possible that your heterosexuality is just a phase you may grow out of?
4. Is it possible that your heterosexuality came from a neurotic fear of members of the same sex?
5. Isn't it possible that all you need is a good gay lover?
6. If heterosexuality is learned, why are a disproportionate number of mental patients heterosexual?
7. To whom have you disclosed your heterosexuality? How did they react?
8. The great majority of child molesters are heterosexuals (95%). Do you really consider it safe to expose your children to heterosexual teachers?
9. Heterosexuals are a model for judging themselves and each other to narrowly restricted, stereotyped sex roles. Why do you cling to such an unhealthy form of role playing?

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## Self-reflection

### Non-Trans/Cisgender Privilege Checklist

1. I know that the gender and the name listed on my official forms of identification match my gender presentation and the name I use.
2. I expect my health insurance to cover routine doctor's visits for all of my body's needs (i.e.: prostate exam, pelvic exam, and breast exam).
3. I expect to walk into a department store and know that I will not be harassed for shopping in the men's or women's section.
4. Bodies like mine are represented in the media and the arts in ways that are not about drawing attention to people who are weird.
5. Strangers and acquaintances do not ask what my genitals look like or what medical procedures I have had.
6. I expect access to, and fair treatment within, sex segregated facilities (i.e.: homeless shelters, domestic violence shelters, drug rehabilitation, prisons).
7. My gender identity has been honored my whole life, by my doctor, my parents, my teachers, my professors, my relatives, my classmates, my bosses.

<http://www.transfaithonline.org/fileadmin/TFteaching/Keshet%20-%20non%20trans%20cisgender%20privilege%20checklist.pdf>

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## Self-reflection

- Cultural humility – there is no way to know everything!
- Dual expertise is essential
  - You are a companion on their journey, not a tour guide
  - That said, do not put the client in the position of having to be an educator
    - Individual experience vs. general information
- “We aim to *increase our capacity to not know*, be curious, and celebrate human diversity.” – Keo-Meier and Ehrensaft

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## Macro reflection – agency and profession level issues

"Provider reports of 'isolating' LGBT clients for varied reasons were widespread. 'This isn't happening in, like, the 60s,' stated one lesbian provider, whose young client had to sleep and eat in the timeout room because her colleagues 'were so convinced that [the client] was going to "convert" the other children.'" –Willging, Salvador, & Kano (2006)

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## Marco reflection

- Paperwork and intake processes
  - Making assumptions about sexual orientation, gender identity, and pronouns
    - Incorrectly reading client's gender identity and/or sexual orientation
    - Asking normative questions
  - Results
    - Makes it harder for clients to know if/when to share
    - May be missing crucial information about their needs
    - Rapport may be hurt to the point that they won't return

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## Macro reflection

- Diagnosis issues
  - Gender dysphoria
    - Why hasn't gender dysphoria been removed from the DSM like homosexuality was?
      - Arguments to remove
        - Stigma
        - Claims can be denied
        - Misuse
      - Problems with moving away from this code
        - Current use as a billing code
        - Alternative diagnoses may not be billable
        - What if there is no other diagnosis?
  - Pathologizing minority stress
    - History of removing homosexuality from DSM
    - Ongoing use of major MH diagnoses to capture minority stress

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### Macro reflection

- Deferring to the majority in group and/or residential settings
  - Removing the LGBTQ person when they are bullied
  - Isolating or refusing to house LGBTQ+ people due to perceived response from other clients
  - Only offering gender-segregated bathrooms
- Relying on LGBTQ+ employees as primary educators
  - What about their clinical questions and work load?
  - Leads to burnout
  - Mirrors behavioral health education

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### Macro reflection

- Attitudes of colleagues and supervisees that can go unaddressed
  - Unwillingness to work with LGBTQ+ clients
  - Inappropriate jokes
  - Hostility
  - Stereotyping
  - Wrong level of emphasis on sexual orientation or gender identity
    - Exaggerated significance
    - Ignoring it entirely
  - Pity

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### Macro reflection

- How do we combat this thinking in ourselves and others?
  - Examining our own beliefs about sexual orientation and gender identity
    - Seeking supervision
    - Continue to attend LGBTQ+ trainings
    - Seek your own therapy
  - Supporting programming in your agency
    - Support groups, etc.
    - Bringing outside training
  - Universally asking about gender identity, pronouns, and sexual orientation

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## Macro reflection

- How do we combat this thinking in ourselves and others?
  - Carefully evaluating diagnosis
    - Being trauma-informed re: minority stress
    - Gender dysphoria: based on number of criteria, client must verbalize identifying with gender other than birth sex or a desire for different anatomy
  - Listening to your clients
    - About their needs
    - About negative experiences in treatment, past and present
  - Prioritizing nonmaleficence (do no harm)
  - Recognizing oppression and inequity
  - Being an advocate

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## Macro reflection

- Where can I learn more?
  - Boleyn-Fitzgerald, P. (2003). Care and the Problem of Pity. *Bioethics*, 17(1), 1–20. (free online – can be Googled)
  - The Fenway Institute. (2014). *Asking patients questions about sexual orientation and gender identity in clinical settings: a study in four health centers* (p. 34). (free online – can be Googled)
  - Lev, A. I. (2013). Gender Dysphoria: Two Steps Forward, One Step Back. *Clinical Social Work Journal*, 41(3), 288–296. <https://doi.org/10.1007/s10615-013-0447-0>
  - Singh, A., & Chun, K. Y. S. (2010). “From the margins to the center”: Moving towards a resilience-based model of supervision for queer people of color supervisors. *Training and Education in Professional Psychology*, 4(1), 36–46. (Free if you sign up to Academia.edu)
  - Willging, C., Salvador, M., & Kano, M. (2006). Unequal Treatment: Mental Health Care for Sexual and Gender Minority Groups in a Rural State. *Psychiatric Services*, 57(6), 867–870.

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## Part 2: Knowledge and Skills

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## Social supports

"That is one of the really wonderful things about the queer community – we build our own families. We build our own support systems."  
- Michael Olivera, head librarian at the ONE National Gay and Lesbian Archives

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## Social supports

- Coming out – a singular event?
  - Coming out versus being out
    - Does "being out" necessitate coming out to everyone?
    - May chose not to come out to everyone in their life all at one time
    - Meeting new people

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## Social supports

- Literature supporting idea of higher self-esteem and better mental health for those who are out
- Being out as the ideal
- Image of LGBTQ people as dishonest if choosing not to disclose



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**Social supports**

- Families who don't know
  - Does this person want to disclose?
  - Weighing the pros and cons of disclosure, making an appropriate plan
  - People frequently tell friends first before family
  - Giving as much support to non-disclosure as disclosure is given

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**Social supports**

- Families who know and are not supportive
  - Strength of the relationship is key
  - Are they working through grief and loss?
    - Denial, anger, bargaining, depression
  - What would it mean for the relationship if this person continues to be who they say they are today?

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**Social supports**

- Families who know and want to be supportive
  - Communication issues
  - Fear – SOFFAs can be targeted for bullying and violence too!

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### Social supports

- What are some general strategies?
  - Family work done with members initially separate from each other
  - Separate individual therapy for some family members if needed
  - Psychoeducation done with permission and nonjudgment
  - Motivational interviewing exploration of values
  - Use of role plays re: challenging situations with others
  - Narrative family therapy to re-author the story of who they are
  - Communication skills and reflecting love

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### Social supports

What is "chosen family"?




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### Social supports

- Strength of chosen family
  - Can provide solid affirmation
  - Mental health outcomes improve
- Acknowledgment of the importance of these relationships
  - In session
  - In documentation




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## Social supports

- Barriers to finding LGBTQ+ social support
  - Size of local community
  - Disproportionate amount of community in bars and clubs (due to history of not being able to safely congregate elsewhere)
  - Discomfort with entering places that say "LGBTQ" on the outside
  - For queer men who lived through the AIDS epidemic (1980s-early 1990s): generational trauma and difficulty finding peers
- Possible solutions
  - Online social networks
  - LGBTQ-friendly spaces/programs that aren't LGBTQ-exclusive

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## Social supports

- Where can I learn more?
  - Brill, S. A., & Kenney, L. (2016). *The Transgender Teen: A Handbook for Parents and Professionals Supporting Transgender and Non-Binary Teens*. Cleis Press.
  - Brill, S. A., & Pepper, R. (2008). *The Transgender Child: A Handbook for Families and Professionals* (1 edition). San Francisco, Calif: Cleis Press.
  - Miller, A., & Madigan, S. (2011). *Instructor's Manual for Narrative Family Therapy with Stephen Madigan, PhD*. Mill Valley, Calif; Psychotherapy.net. (Free for download – can be Googled. Video sold separately)
  - Motivational Interviewing values card sort: [http://www.motivationalinterviewing.org/sites/default/files/valuescardsort\\_0.pdf](http://www.motivationalinterviewing.org/sites/default/files/valuescardsort_0.pdf)
  - San Francisco State University's Family Acceptance Project: <https://familyproject.sfsu.edu/publications>

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## Internalized homophobia and transphobia

"[They] spend every day of their lives knowing that some sections of society wish they did not exist. The hatred and prejudice experienced can in some people grow like a cancer and become 'intra-psychically malignant.'" – Pink Therapy, pg. 54-55

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### Internalized homophobia/transphobia

- Can range from self-doubt to self-hatred & self-destruction
- Frequently NOT the presenting problem
  - Substance use
  - Depression
  - Anxiety
  - Self-harm
  - Suicidal ideation/attempts

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### Internalized homophobia/transphobia

- Other ways this can be expressed in therapy
  - Various relationship issues
    - Avoiding disclosure at expense of serious romantic relationship
      - **Survival cannot be a factor**
      - Also different than not disclosing to distant family or acquaintances
    - Wanting but also avoiding long-term relationships
      - Not the same as people who are only interested in short-term relationships
    - Restricting attraction to unavailable people
    - Rejection sensitivity

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### Internalized homophobia/transphobia

- Various ways this can be expressed within LGBTQ+ community
  - Expressing superiority to others in the community – ex., that appearance is more “passable” and acceptable to cisgender people
  - Actively avoiding spending time with LGBTQ+ people – in particular, don’t want to be around visible community members

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## Internalized homophobia/transphobia

- What about someone who comes in requesting conversion therapy?
  - “Is it ethical to treat a condition that is not an illness, but which society condemns?” (Pink Therapy p. 37)
- Things to understand about clients who seek this:
  - Most often sought by people who have strong identity/connection with a religion not accepting of LGBTQ+ identities (disproportionately white men)
  - Unhappiness is with homophobia/transphobia

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## Internalized homophobia/transphobia

- Strategies for addressing
  - Working on anger rituals and other emotional outlets
  - CBT for thinking errors and changing thoughts
  - Further exploration of identity
    - Thoughts behind labels they have adopted for gender and sexuality
    - Examining and shedding behaviors they may have adopted to gain acceptance
    - When relevant, exploring religious identity
  - Habituation (having identity become ordinary component of self)
    - Use of fiction and nonfiction books as homework
- Social supports

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## Internalized homophobia/transphobia

- Where can I learn more?
  - Grohol, J.M. (2019). 15 Common Cognitive Distortions. <https://psychcentral.com/lib/15-common-cognitive-distortions/> (includes free downloadable Infographic)
  - Internalized Homophobia. <http://www.revelandriot.com/resources/internalized-homophobia/>
  - Over the Rainbow Books. <https://www.glbtrt.ala.org/overtherainbow/>
  - Ross, L. E., Doctor, F., Dimito, A., Kuehl, D., & Armstrong, M. S. (2007). Can Talking About Oppression Reduce Depression?: Modified CBT Group Treatment for LGBT People with Depression. *Journal of Gay & Lesbian Social Services*, 19(1), 1–15. [https://doi.org/10.1300/J041v19n01\\_01](https://doi.org/10.1300/J041v19n01_01)
  - Shidlo, A., & Schroeder, M. (2002). Changing sexual orientation: A consumers’ report. *Professional Psychology: Research and Practice*, 33(3), 249–259.

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# Intersectionality

"There is no such thing as a single-issue struggle because we do not live single-issue lives." – Audre Lorde

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# Intersectionality



WHAT IS INTERSECTIONALITY?

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# Intersectionality

- Quick reminder about diversity within the community
  - Sexual orientation ≠ gender identity
- Other identities outside of gender identity and sexual orientation
  - Race
  - Ethnicity
  - Nationality
  - Religion
  - Socioeconomic standing
  - Physical health and ability
  - Mental health and ability

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### Intersectionality

- Important to be client-centered regarding the client's identity
  - Let them tell you about their experience
  - Don't assume that there is an inherent conflict in these identities
  - Recognizing importance of non-LGBTQ+ identities
  - Cultural splitting – asking clients to pick one over the other, or, as the clinician, only acknowledging one identity
- The same goes for families
  - Significant stereotypes exist about acceptance/rejection of families of color, though research tells us otherwise

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### Intersectionality

- Impact of racism or discrimination on individual and family thoughts around LGBTQ+ identity
  - May be facing multiple forms of oppression and fearful of more experiences with this
  - May view LGBTQ+ identities as part of white culture and/or colonization
  - Asking: "Have your experiences with racism/discrimination had any impact on how you or your community view LGBTQ+ people?"

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### Intersectionality

- Language and labels
  - How does LGBTQ+ translate?
  - Failing to adopt English labels for their sexual orientation or gender identity is not an indicator of internalized oppression

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## Intersectionality




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## Intersectionality

- What to do when a person or family is having conflict with identities?
  - Self-reflection
  - Not affirming one identity over another
  - Exploration of values and where there are some commonalities

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## Intersectionality

- Where can I learn more?
  - *For the Bible Tells Me So* (2007 documentary)
  - Haldeman, D. C. (2004). When Sexual and Religious Orientation Collide: Considerations in Working with Conflicted Same-Sex Attracted Male Clients. *The Counseling Psychologist*, 32(5), 691-715. <https://doi.org/10.1177/0011000004267560>
  - Hart, A., Blincow, D., & Thomas, H. (2007). *Resilient Therapy: Working with Children and Families* (1 edition). London ; New York: Routledge.
  - Hunt, B., Matthews, C., Milsom, A., & Lammel, J. A. (2006). Lesbians With Physical Disabilities: A Qualitative Study of Their Experiences With Counseling. *Journal of Counseling & Development*, 84(2), 163-173.
  - Movement Advanced Project. *LGBT People of Color*. <http://www.lgbtmap.org/policy-and-issue-analysis/LGBT-people-of-color>
  - Rainbow Welcome Initiative: <http://www.rainbowwelcome.org/>

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**Some concluding thoughts**

- Being an affirmative therapist is an ongoing growth process
- What is one thing you want to work on with your own attitude about sexuality and gender?
- What is one thing you want to learn more about to better support LGBTQ+ clients?
- Questions?

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**Thank you!!**

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