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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

theory was primarily developed by Kimberly Crenshaw (1989) from critical racial theory and legal studies, and recently scholars have integrated intersectionality into LGBTQ+ affirmative counseling more specifically. Intersectionality theory is based on the premise that individuals espouse and inhabit multiple identities, such as ethnic and racial, gender, sexual orientation, ability status, nationality, and religion, and that these multiple sources of identity intersect with each other and interact dynamically with the environment to create distinct and often compounding experiences of social marginalization. The diverse and distinct communities that comprise LGBTQ+ populations are not a monolith; historically, the needs of middle-class and affluent, White gay and lesbian people dominated cultural awareness of LGBTQ+ groups. While LGBTQ+ people continue to demonstrate mental and physical health disparities, these disparities are influenced by experiences of sexism, racism, ableism, and antitransgender prejudice. Currently and historically, transgender and nonbinary people of color demonstrate the worst outcomes over the lifespan stemming from their experiences of discrimination directed at their multiple minoritized identities. An intersectional understanding of minority stress helps to explain these persistent disparities and fosters a nuanced understanding of the needs of distinct populations of LGBTQ+ people. Racism and sexism also occur within LGBTQ+ communities and spaces, and groups such as bisexual people and transgender people continue to report experiencing discrimination within LGBTQ+ spaces. The importance of intersectionality is discussed in Chapter 2.

In addition to ethnicity and race, gender, sex, and other salient intersections of personal identity, issues related to age and lifespan development are vital for conceptualizing the needs and aspirations of LGBTQ+ people. Suicide continues to be the leading cause of death for LGBTQ+ youth, compounded by adverse childhood experiences such as school-based bullying and rejection from both peer groups and families of origin (The Trevor Project, 2022). LGBTQ+ adults face unique challenges in forming social relationships, accessing economic resources, and engaging in career development. Housing, isolation, and difficulty accessing affirming health care are common issues faced by LGBTQ+ elders, conditions that are themselves made worse by lifetimes of coping with trauma and

discrimination at earlier life phases (Hope et al., 2022). The importance of negotiating lifelong identity development and forming affirming social relationships for LGBTQ+ people is explored in Chapter 9.

Another important feature of modern LGBTQ+ affirmative counseling is an express emphasis on social advocacy as a key mode of intervention for practitioners. Research continues to demonstrate that health disparities experienced by LGBTQ+ people are mitigated by affirming social environments, including laws that affirm the civil rights of LGBTQ+ people and their relationships (ALGBTIC LGBQQIA Competencies Task Force, 2013; APA, 2021). Challenging discriminatory practices at the places where they work, serving as community educators, and lobbying for the development of affirming and inclusive laws are all considered to be best practices for counselors seeking to fully implement the LGBTQ+ affirmative counseling model. The importance of advocacy is further explained in Chapter 4. Finally, a key component of LGBTQ+ affirmative counseling is the intentional infusion of a strength-based approach when working with and on behalf of members of these historically and currently marginalized populations. This involves radical valuing of the inherent worth and resilience of every LGBTQ+ client as a dynamic and continually evolving human being. Given the history of pathologizing of LGBTQ+ people – often engaged in and promoted by mental health practitioners – viewing LGBTQ+ people as being inherently capable of well-being, life satisfaction, innovation, and happiness is a vital counterbalance to past and current oppression and discrimination.

Summary of Key Techniques

Role and Relationship

Stemming from a shared basis in feminist and multicultural-social justice theory, practitioners of LGBTQ+ affirmative counseling are process cofacilitators of their clients' personal development and social liberation. At times, LGBTQ+ affirming practitioners function as teachers, life

coaches, client and community advocates, collaborative consultants, and validators of their clients' experiences and ongoing life journeys. Though they are respectful toward clients' knowledge and experience, LGBTQ+ affirming counselors do not expect education from clients about LGBTQ+ issues. Rather, affirming counselors proactively self-assess their knowledge and skills and continuously seek to improve their ability to work with the full diversity of LGBTQ+ clients. In many cases, teaching clients about the diversity and complexity of LGBTQ+ lived experiences acts as an important starting point for clients who are new to exploring their LGBTQ+ identities. Serving as coconstructors of meaning helps maintain the collaborative stance that LGBTQ+ affirming counselors should adopt and challenges the power hierarchy inherent in the provider and help-seeker relationship.

Self-Reflection and Assessment

Counselors and psychotherapists who seek to fully implement LGBTQ+ affirmative counseling must continuously reflect on their biases, preconceptions, and attitudes related to gender identity and sexual orientation diversity (ALGBTIC LGBQQIA Competencies Task Force, 2013; APA, 2021). Seeking continuing education and consultation to expand and deepen one's competency to work with the full spectrum of LGBTQ+ populations across the lifespan are vital to maintaining one's ability in the application of LGBTQ+ affirmative counseling. The practice of self-reflection should help identify areas of potential bias, lack of knowledge, or value conflict that practitioners should bracket to avoid imposing biases onto clients.

Broaching and Self-Identification as an LGBTQ+ Affirming Practitioner

The history of the mental health professions' involvement in discriminating against LGBTQ+ people makes it imperative for LGBTQ+ affirmative practitioners to clearly demonstrate their competency in this important

practice domain (APA, 2021; Pachankis et al., 2023). Displaying memorabilia that signify allyship with LGBTQ+ people, such as rainbow flags, safe space stickers, pink triangles, and the blue–pink–white flag representing transgender and nonbinary allyship are examples of creating the open and affirming physical space that LGBTQ+ clients look for and respond to. Beyond that, counselors should broach LGBTQ+ identities and disclose training in LGBTQ+ affirmative counseling in the first session; see the example of a professional disclosure statement signifying expertise in LGBTQ+ issues at the end of this chapter. We encourage counselors to self-disclose their own dimensions of personal identity including gender and sexual-affectional identity.

Respectful Assessment and Support of Client LGBTQ+ Identities

Counselors should assess LGBTQ+ identities and lived experiences using a trauma-informed lens that is multidimensional, respectful, aligned with client readiness for self-disclosure, and encourages a dynamic and evolving perspective on gender identity and sexual orientation identity development. Assessing client developmental and family experiences of expressing their gender and sexual orientation identities helps emphasize the affirmative and respectful tone of the practitioner–client relationship. Broaching LGBTQ+ identities and experiences and assessing related experiences in LGBTQ+ identity development should be ongoing and not a static, one-time process that only occurs at the beginning of the counseling relationship. Affirming practitioners do not assume that LGBTQ+ identities and experiences are rigid or static, nor that they are the primary or most salient aspects of personal identity for all clients who experience or express them. Practitioners should track with and reflect a client's personal mode of identity and expression. This includes patience with clients' sense of their personal development and self-awareness and recognition that growth is not an individualistic or linear process. A closer look at LGBTQ+ affirming assessment is provided in Chapter 10.

Identifying Sources of Social Support

Assessment of early childhood, family of origin, and school-based experiences should be done with an eye to identifying supportive relationships. Social support is a key component of lifelong health and wellness for all people and appears to be important for supporting LGBTQ+ identity development, for the ability to cope with everyday discrimination, and for realizing wellness and well-being across the lifespan (Hope et al., 2022). Many LGBTQ+ people report feeling most supported by non-family-of-origin relationships, and forming relationships based on affinity and not on biological relationship continues to be an important coping and wellness strategy for LGBTQ+ people (APA, 2021). Cultivating new or stronger supportive relationships that are affirming of clients' LGBTQ+ identities is a common goal of LGBTQ+ affirmative counseling. These and other family and social support dynamics are discussed in Chapter 9.

Challenging Anti-LGBTQ+ Prejudice and Validating Personal Strengths

Like cognitive behavioral therapy-oriented therapists, LGBTQ+ affirming counselors seek to reframe negative and self-limiting beliefs as indicators of internalized oppression, using a trauma-informed approach to questioning and validating clients' attempts to negotiate their development in nonaffirming environments. Internalized anti-LGBTQ+ prejudice may manifest as low self-esteem, hopelessness, and reluctance to associate with other LGBTQ+ people. It is important for LGBTQ+ affirmative practitioners to carefully assess the frequency, intensity, and duration of anti-LGBTQ+ attitudes and beliefs that LGBTQ+ clients may present with and to contextualize these beliefs and related behaviors as related to developmental experiences occurring in prevailingly heteronormative and cisnormative social environments (Pachankis et al., 2023). Scholars recommend assessing for adverse childhood and other potentially traumatic experiences given the levels of prejudice and marginalization that continue to be experienced by LGBTQ+ populations (Singh & Gonzalez,

2014). In tandem, LGBTQ+ affirming practitioners intentionally avoid overpathologizing LGBTQ+ clients and their lived experiences and seek to highlight and amplify the coping strategies and resiliency that their LGBTQ+ clients possess. Exploring goals, aspirations, personal strengths, and positive coping experiences helps to counteract the historical and persistent overpathologizing of LGBTQ+ people.

Conclusion

As a reader of this text, we commend you for wanting to expand your own ability to engage in LGBTQ+ affirmative counseling. Whether a student, new practitioner, or experienced practitioner, the information provided here will help attune your work with LGBTQ+ clients to the standards, research evidence, and ethical philosophy of LGBTQ+ affirmative counseling. Providers of LGBTQ+ affirmative counseling are part of an international community of practice, and we encourage you to connect with and support other practitioners on their own journeys of becoming ever more fully affirmative of LGBTQ+ people. Teaching, supervision, and consultation help to foster future generations of LGBTQ+ affirmative counselors, and we hope that you will feel the calling that we and the contributors feel toward advocating for the provision of LGBTQ+ affirmative counseling across all levels of the health care system in support of LGBTQ+ wellness, well-being, and liberation.

REFLECTION QUESTIONS

1. What are your attitudes toward the different and intersecting populations of LGBTQ+ people? What were the origins of those attitudes, including possible family messages about LGBTQ+ people?
2. What are the main individual and systemic obstacles to your implementing LGBTQ+ affirmative counseling, and what are concrete actions you can take to resolve these obstacles?

Resource Example: Professional Disclosure Statement on LGBTQ+ Clinical Skills

Counseling Background and Professional Services

I provide individual, relational, and family counseling for adults and youth over 12 years old. I have 15 years of clinical experience and training in intimate relationship counseling, family counseling, LGBTQ+ affirming counseling, sexuality concerns, and gender and sexuality development, as well as other mental health concerns including depression, anxiety, grief and loss, and developmental trauma. Additionally, I have experience counseling transgender and gender-expansive persons, including supporting clients through social and medical transitions and writing letters for clients to access gender affirming hormone therapy and gender affirming surgery, as required by medical providers.

I regularly attend in-depth clinical training to improve and expand my practice to meet the needs of diverse clients. I have engaged in advanced training in LGBTQ+ affirming counseling, emotionally focused therapy for couples and families, and trauma-informed counseling. Additionally, I have training in dialectical behavior therapy and acceptance and commitment therapy.

LGBTQ+ Affirming Counseling

I begin counseling relationships by directly acknowledging my privileged identities as a cisgender and heterosexual-passing White person. I invite you to explore how our differences may impact building a trusting relationship in counseling, and I recognize that you are the expert on your own journey, and as such I will meet you where you are at in your exploration and process – it is not my role to impose a particular journey on your experiences.

As an LGBTQ+ affirming counselor, I publicly acknowledge LGBTQ+ communities within my clinical setting and marketing materials. I continuously self-reflect on the ways my language, beliefs, and behaviors convey either marginalizing or affirming messages. I participate in ongoing education and skills training in LGBTQ+ affirming counseling and evidence-based clinical practices, including current clinical guidelines, best practices, policies, and legislation

related to counseling LGBTQ+ persons and families. I advocate for and with LGBTQ+ communities to decrease barriers and increase access to resources for LGBTQ+ persons.

I will be open about the therapy process, including discussing your diagnosis (as warranted) and suggested courses of action to address your presenting concerns. The counseling process involves a collaborative relationship between us, and your active participation and personal work outside of sessions are essential for counseling to be effective. I may ask you to try various things outside of the counseling hour to help you reach your goals, which is part of your responsibility as a client. Working toward your goals in counseling may result in changing behaviors, relationships, employment, schooling, housing, or other areas of your life. Change may happen quickly, but it often requires time and patience to see significant impacts on your life and presenting concerns.

In the event that I need to break confidentiality due to the safety of yourself or others or as required by law, I will work to collaboratively problem-solve with you and consult other providers on how to follow my legal obligations while minimizing harm to you that may occur through systems that are not LGBTQ+ affirming. Additionally, if you have not disclosed your LGBTQ+ identity to significant others in your life, we will discuss how to best protect your confidentiality throughout the therapy process so this information on your identity or experiences is not shared without your approval.

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