

Professional Exchange

Becoming Culturally Competent with LGBT Clients

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As therapists, our professional training is ongoing. We learn from our supervisors, our mentors and our clients. As the events within CAMFT have recently demonstrated, there is a gap in the standards of professional training for MFTs: cultural competency (CC) with the Lesbian, Gay, Bisexual, and Transgender (LGBT) Communities.

Articles in the May/June issue of *The Therapist* magazine which gave voice to homophobia, fear, and prejudice were written and printed by MFT peers and leaders. Assumptions, biases, and lack of knowledge, allowed these harmful articles to make it to the printed page. The publication of these articles indicates a need for training at every level of our professional association in California. This is necessary in order to avoid doing harm, even unintentionally, to our LGBT clients, and to maintain the highest professional standards of practice.

In order to practice competently and ethically with a wide range of clients, we must be aware of our own assumptions, presumptions and unconscious biases. For these reasons we have all received training in cross-cultural counseling with minorities, countertransference, and ethics. But few of us have received any formal training in LGBT cultural competency. Training is beginning to change. This is my passion as a therapist and a major focus of my practice. I hope you will consider becoming intentional about becoming an informed, LGBT culturally competent therapist.

What you don't know CAN hurt your clients.

You never know who is going to walk into your office. An LGBT client may not identify themselves right away. *Why? Because, they are waiting to see if you are safe.* They want to know that they can tell you who they are. And they DON'T want to pay you AND have to educate you about LGBT culture and relationships! In fact, the primary factor determining poor therapeutic outcomes for LGBT clients, is ignorance or hostility to LGBT issues, by the therapist (King, et.al 2007).

Let me give you a scenario. A female calls you and asks if you do couples counseling. You answer yes. If you go on to ask about her "husband," you have just made an assumption, and indicated to the client that you assume she is straight. For most heterosexual clients, this would go unnoticed. But for an LGBT person, this assumption is a red flag.

Using language that conveys heterosexuality (and marital status) as an assumption is a common mistake. Heterosexual assumption is one reason LGBT people must "come out" over and over. A culturally competent therapist uses language that is neutral and conveys safety to the client.

CC therapists are aware of the impact of homophobia and heterosexism upon cultural attitudes, public policy, and psychological theory.

When you identify as heterosexual and experience little conflict about your gender, it's easy to be unaware of the degree to which our world is heterosexually defined and constructed. Even LGBT people are immersed in these cultural assumptions that gender everything from the day we are born, from colors, to toys, to play, to preferences. These gender based rules and roles have become more flexible with the sexual revolution and women's liberation movements. However, they continue to exert enormous social control and influence.

Gender roles and rules underly the cultural forces that supports discrimination, prejudice, and injustice towards LGBT people. These take the form of two powerful social constructs:

Heterosexism is the ideological system that denies, denigrates, and stigmatizes non-heterosexual forms of behavior, identity, and relationships (Herek, 1995). Heterosexism is the attitude that same-sex pairings are depraved, sinful, or pathological.

Homophobia is the fear and aversion of homosexuality. (Herek, 1995)

Heterosexism and homophobia are enforced through cultural norms, social stigma and legal and financial institutions. The 1300 plus rights and protections that are denied same-sex couples are examples of heterosexism at work. The *Don't Ask Don't Tell Policy* of the US Military is a powerful example of heterosexism.

Psychology has not been immune from the influence of the social forces that drive minority oppression either. While Freud thought of human sexuality as bisexual in nature, his students developed theories which held homosexuality as an immature state of sexual development on the path to heterosexual development.

Psychology as a science has a history of pathologizing non-heterosexual relationships, attitudes and behavior through the diagnosis and treatment of homosexuality and gender non-conformity. While homosexuality was removed as a formal diagnosis from the DSM in 1973 non-heterosexual behavior and attitudes continue to be pathologized through the labeling of gender non-conforming behavior, and through clinicians attitudes or ignorance which is alienating or harmful for their LGBT clients. As documented in a recent study by Galgut, 58 percent of lesbians interviewed reported being pathologized by their heterosexual therapists (Galgut, 2003).

CC therapists monitor their own beliefs and attitudes in order to avoid reinforcing these harmful beliefs and attitudes within the client.

LGBT clients carry within them the remnants of hetero-normative socialization which linger in the heart and mind as messages of shame, judgment, secrecy, fear, and trauma. The daily traumas of growing up gay, coming out and experiencing profound shame, loss and rejection from our families, our churches and our communities are a wound that most of us never fully heal. LGBT clients need therapists who do not reinforce (intentionally or unintentionally) these painful messages.

It is easy for therapists, to unwittingly and unconsciously reinforce heterosexism and homophobia within LGBT clients, due to our own socialization and lack of exposure to non-heterosexual people or clients.

LGBT clients need therapists who go beyond "acceptance." LGBT clients need therapists who are AFFIRMING and INFORMED:

- who are aware of the process of LGBT identity development and coming out (Cass, 1979)
- who understand that identity development and shame resolution is vital in the effective treatment of any other presenting clinical issue.

- who provide affirmation of the LGBT person's identity as the client understands and lives it. This requires flexibility and compassion on the part of the therapist, who may at times be tempted to protect the client from feared rejection or social stigma, whether real or imagined.
- who hold the possibility for a client who is afraid to come out. The therapists' awareness allows for the client to explore identity issues without pressure or assumption that can foreclose on identity development and maturation.
- who hold an affirming view of LGBT identity. Who can support the client's emerging identity development and avoid pathologizing or shaming non-heterosexual ways of being and relating.

Therapists who are personally conflicted about working with LGBT clients can make effective and sensitive referrals with cultural competency training.

For therapists who have personal or religious conflicts about homosexuality or other LGBT issues, I invite you to open yourself to cultural competency training. Why? Because your first calling is to do no harm. You are first a therapist who answers to the professional standards of the BBS, not your personal religious beliefs. If that is impossible for you to reconcile personally, then perhaps the title of pastoral counselor is more suitable for you.

Secondly, cultural competency training can enable you to be more effective with clients who are struggling with sexuality and spirituality. You can be a safe person for these clients with the broadest understanding possible!

Even if you never (knowingly) work with an LGBT client, I hope that you will take to heart the principals I've outlined here. The impact of unconscious homophobia and heterosexism can be blatantly harmful to a client who may be secretly struggling with their sexuality, but afraid to come out. Simply by not enforcing, or assuming these attitudes, you create a safer space for your clients. And since LGBT youth are highly vulnerable to abuse, depression, and suicide, they are often extremely isolated when they struggle within a religious community. Research indicates that even the smallest reduction in parental rejection of LGBT youth, makes a significant difference in their risk behaviors (Ryan, 2009). Keep this in mind as you work with families and youth.

When you cannot embrace the principals of Affirmative Therapy with LGBT clients, you must refer appropriately.

If you cannot provide affirmative therapy for an LGBT client, you will need to refer to a therapist who can. Clients seeking to "change or repress" their orientation due to religious conflicts will need to be given sensitive and supportive therapy to help them come to terms with their feelings and orientation. This is a highly delicate process and requires a therapist who can work with the clients spiritual and cultural concerns while educating the client about sexuality and identity development.

It is important to be familiar with the claims of the National Association of Reparative Therapy, (NARTH), which espouses that it is ethical to assist a client who, for religious reasons, desires to repress or change their orientation. This is an unsupportable and unethical position and has been repudiated by the APA. Sexual Orientation has not been demonstrated to change with "reparative therapy" as espoused by NARTH. What has changed is the person's behavior, and usually, this change is not permanent. The APA has taken a public position that these efforts to change orientation are harmful, ineffective and unethical (APA, 2009). To date, CAMFT has not taken a position on NARTH or reparative therapy. It is my opinion that CAMFT should make a statement similar to that of the APA, opposing the tenets of NARTH and reparative therapy, and barring therapists who practice "reparative therapy" from membership in CAMFT.

The upcoming Annual CAMFT Conference features a number of opportunities to develop cultural competency with several minority groups, including LGBT clients. I invite you to join me on Sunday, April 25, 2010 for two informative sessions:

(SU1) "Cultural Competency (CC) with LGBT Clients." See page 48 for workshop description.

(SU7) "Introduction to Affirmative Therapy with Gender Variant Family Systems." See page 49 for workshop description.

I'll discuss further the concepts introduced here, as well as the concepts of gender variance, gender identity, transgenderism and supporting gender non-conforming family systems. I will discuss a number of case examples and provide resource packets for attendees which will assist you in providing services to LGBT families. I look forward to seeing you there!

Lisa Maurel, MFT has been in private practice for 14 years. She specializes with the LGBT community. Here websites: www.therapy4oclesbians.com and www.genderpath.com are devoted to providing resources, links, and original articles for the LGBT community. Lisa serves on the board of the Lesbian and Gay Psychological Association of Los Angeles.

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