

ALGBTIC NEWS

Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling

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A Division of the American Counseling Association

President's Message 2010

Mike Chaney, Ph.D.



Greetings ALGBTIC family and friends: When I decided to run for President of ALGBTIC, I first and foremost wanted to give back to the profession because I believed I could make a small difference in how the field of counseling dealt with queer issues. Okay...and maybe there was a small part of me that thought (err...hoped) with the presidency would come a little bit of glitter and fabulous gowns. However, these past several months have been filled with a lot of sadness and tragedy, as the negative consequences of intolerance and anti-LGBTQ hatred have been illustrated by the suicides of several young bullying victims who either identified as LGBTQ or were perceived as such.

In response, President-elect, Amney Harper and I crafted a statement on behalf of ALGBTIC that addressed anti-LGBTQ bullying and harassment and the suicides. In the process of preparing the statement and cogitating on the deaths, protective walls that hid away my own pain of my childhood and adolescent anti-gay bullying and abuse crumbled away. I was reminded of painful memories that I had not thought about in years. I realize I am not the only person who was reminded of past bullying as demonstrated by people like, Fort Worth City Councilman, Joel Burns and others coming forward to share their personal stories.

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Editor's Message

Angelo Gomez, CRC

Thanks for submitting a contribution to the newsletter! Also, thank you to my mentors, *madrinas y padrinos*. They paved the path before me to continue their work, which now is my vocation. I work towards social justice and a libratory living of all those who suffer from oppression. In the words of Paulo Freire, "Knowledge emerges only through invention and re-invention, through the restless, impatient, continuing, hopeful inquiry human beings pursue in the world, with the world and with each other."

In this fall edition of our newsletter, I want to bring your attention to a wonderful group of people who share with us some amazing ideas. Our president Michael P. Chaney and Kristin A Smiley share a compelling article on Reparative Therapy. Also, an ally shares with us her conviction on the power of speaking up and speaking for those who have been silenced by oppression. After all, the verb--an action word--"advocate" comes from two Latin roots. The first, *ad* means to add, and the second, *vocare* means to voice. When we advocate, we give voice to those who are without one.

The call we have made with the previous editor, now co-editor, Cindy Anderton, for this edition was: how to deal with difficult students when it comes to LGBT issues, and what suggestions can be shared for the current revision of the Multicultural Competencies to work with

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...President Goals continued from page 1

Some of you reading this may also have been reminded of your own past bullying and trauma. And so, one thing came to mind. How do we take care of ourselves as we listen to these stories of bullying, harassment, and abuse? We may be hearing stories from clients, students, or people in the media that remind us of our own past traumas, or maybe you were someone who did not experience anti-queer bullying, but are able to empathize with the stories being told.

Regardless of your Truth, it is important that we take care of ourselves as we hear about these stories of abuse. Therefore, I wanted to share with you some self-care strategies that you might find beneficial. I encourage you to use what is helpful, discard what is not.

- Jot down your thoughts and feelings in a journal.
- Share your story with friends and/or significant others.
- Take a walk/run in the woods or on a beach; connect with the environment.
- Meditate, pray, engage in guided imagery exercises.
- Give yourself permission to be upset; although we are helping professionals, we are human first.
- Exercise.
- Reach out to your social/spiritual support system.
- Participate in counseling if needed; and
- Seek out supervision.

As we go into this holiday season, and you are stressing about what gifts to purchase for loved ones and friends, do not forget to give yourself the gift of self-care. You are worth it!

As we approach a new year, I am hopeful that things will change for the better for our communities. I am hopeful because I see and hear what you all are doing to make things better in your schools, agencies, and neighborhoods. I feel the pride and passion that exude from the stories you share in your emails when you reach out to get involved in the association.

If there is anything ALGBTIC can do to help support the missions and aspirations that you have for your schools, agencies, or communities, please let me know. I wish you all a beautiful fall season and happy holidays filled with peace, health, love, and pride (and maybe a little bit of glitter)! Cheers,

Mike Chaney

He can be reached at: chaney@oakland.edu

...Editor's message continued from page 1

...LGBT clients. While these are two topics too wide to be covered deeply in one short newsletter, they are worth the effort to remind us all the vast amount of work that remains to be done in our professional lives as counselors, and personal daily interactions with other people.

I hope you may find interesting tips, and helpful the ideas we share with you in this newsletter. It was with the interest in informing our readers and the desire to promote more advocacy how we edited this newsletter as a team effort. Best wishes to all of you and happy holidays!!!

You can reach me at:

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**Announcement
ALGBTIC Brunch**

Please join us at the annual ALGBTIC Brunch

This is on Saturday, March 26th from 11:00 a.m. to 1:30 p.m. at the 2011 ACA Annual Convention.

Brunch tickets are \$35.00.

You can order them when you register for the convention or you can contact ACA member services at (800) 347-6647 Ext 288.

We hope to see you there!

**Giving Voice To Those Being Asked by
To Be Quiet by Rhonda Bonnette**

Why is the LGBT population the only population left under such scrutiny, especially when it comes to religious issues, moral issues, in counseling areas, etc.?

Why do others question that this isn't something that these individuals were born with?

I feel that gay and lesbian individuals were created by God just like heterosexuals were. I also feel that God accepts them as he does others.

Why are there court cases where counseling students are willing to sue the counseling departments that they entered because they don't want to uphold their ethical obligation to provide services to clients that are LGBT because of their religious convictions?

The counseling departments always win because it always goes back to our Code of Ethics: WE CANNOT DISCRIMINATE--INCLUDING TO THOSE THAT ARE GAY. I am ready for this issue to move forward. All I can think of are those that are sitting in their bedroom contemplating suicide for fear of being accepted by those they love. Then there are those that simply cannot take the stress of life anymore. They can't take one more day of NOT BEING ACCEPTED BY SOCIETY'S STANDARDS.

There is no reason why we can't leave these people alone. The friendships that I have that are the most loving are my friends that are gay. They are peaceful, understanding, loving, and UNCONDITIONAL, despite what they have gone through in life!!!

Ronda Bonnette can be reached at:
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Message from the journal editor

The Association of Lesbian, Gay, Bisexual & Transgender Issues in Counseling (ALGBTIC), a division of the American Counseling Association (ACA) is inviting submissions for the next special issue of our journal, *The Journal of LGBT Issues in Counseling*. The focus of this special issue is on *Finding the Spirit Within: Spirituality Issues in the LGBTQ Community*. Guest editors are Michael M. Kocet, and Jen Curry.

The deadline for submissions for the special issue is June 30, 2011. Submissions of general articles pertinent to the journal are also welcome on an ongoing basis. The intent of this journal is to publish articles relevant to working with sexual minorities and gender variant people and that will be of interest to counselors, counselor educators, and other counseling related professionals who work across a diversity of fields, including in schools, mental health settings, family agencies, and colleges and universities.

This special issue of the journal welcomes the submission of articles that focus on issues related to spirituality and religion in the LGBTQ community: (1) new research in the field of LGBTQ spirituality, (2) introduction of new/innovative practices addressing LGBTQ spirituality, or (3) theoretical or conceptual pieces, including reviews of the literature, that reflect new ideas or new ways of integrating spirituality in the lives of LGBTQ individuals.

The journal is published quarterly by Taylor & Francis. For detailed submission guidelines or information regarding the special issue please contact the guest editors, Michael M. Kocet, Ph.D. (ALGBTIC Past President, 2009-2010) at mkocet@yahoo.com or Jennifer R. Curry, Ph.D. (ASERVIC President 2010-2011) at jcurry@lsu.edu, or Connie Matthews, associate editor, at crmatthews1@comcast.net.

For general articles please contact Ned Farley, Ph.D., editor, at nfarley@antiochseattle.edu

Journal of LGBT Issues in Counseling Update

Our journal continues to grow and prosper as we publish our final issue of the fourth volume; our second special issue, *Counseling Competency with Transgender Clients*. This issue, guest co-edited by Drs. Anneliese Singh and Theo Burnes, is at the publisher now, and should be arriving in your mailbox between December and January. A call for submissions for our next special issue focused on spirituality and the LGBT community, co-edited by guest editors Dr. Michael Kocet and Dr. Jennifer Curry can be found in this newsletter, along with our general call for submissions.

The journal itself continues to evolve, and starting with our next volume (Volume 5) might be published electronically only with a hard copy edition of the full volume being printed and distributed at the end of the year. Taylor & Francis, along with many other publishing companies are moving in the direction of electronic publishing in response to feedback from both individual and organizational subscribers, and as a reflection of the increased use of full-text downloads from databases and publishing sites.

This move will ultimately also speed up the process of "submission acceptance to publication" for many journals. We are fortunate that our publishing process is already faster than with many other journals, although we anticipate seeing a positive trend here as well.

According to our publisher (Taylor & Francis) we are doing well for a new journal. The most recent evidence of this is a sharp increase in downloaded articles from our journal in the first

half of 2010. We have already surpassed the entire number of downloads from 2009 and increased it by an additional 75%. This moves us far past the projection that was set by Taylor & Francis at the beginning of this year.

In the meantime, I encourage you all to not only read the journal, but also to encourage others or yourselves to submit to the journal. A call for submissions can be found elsewhere in this newsletter, as well as on the ALGBTIC website (www.algbtic.org), and the journal website at Taylor & Francis.

I am also submitting a call for editorial

board members as we have some members now cycling off the board after their three year term. A call for editorial board applications can be found elsewhere in this newsletter. I am particularly wanting a new graduate student member (doctoral level with some history of publications preferred) as well as editorial board members with expertise in the following areas: Counseling in the Government/Military, Multicultural Counsel-



Winter is a great time to write!

ing, Career and/or Employment Counseling.

Applicants can send a cover letter and C.V. electronically to Ned Farley, Ph.D., Editor, Journal of LGBT Issues in Counseling, School of Applied Psychology, Counseling, and Family Therapy, Antioch University Seattle at efarley@antioch.edu

Reparative Therapy
Kristin A Smiley, Ph.D. & Michael P. Chaney, Ph.D.
Oakland University

As a result of growing movements supportive of reparative therapies, we wanted to bring awareness to various aspects of these types of “treatments” in a series of articles. Therefore, this is the first in a series of three articles that will be focused on reparative therapy and LGBTQ Affirmative Counseling. This first article is strictly focused on dimensions of reparative therapy. Although we realize that transgender individuals also seek reparative therapy, this article focuses specifically on the LGB community because T-issues are more typically related to gender than sexual orientation.

Definition of Terms

Reparative therapy is a psychological approach that aims to change a person’s sexual orientation from homosexual to heterosexual (Drescher, 2002). It is actually a bit of a misnomer. The goal of *therapy* is to help individuals become more internally congruent. The effort to change a person’s sexual orientation, on the other hand, is by its very nature divisive because individuals are taught to suppress an integral part of their total being. The declaration of this approach as being therapeutically *reparative* is also problematic because it advances the notion that LGB people are damaged. To counter that assertion the authors use the acronym SOCE when referring to the *sexual orientation change efforts* discussed herein.

A Brief Historical Review

SOCE systematically began in the 19th century when the medical community proposed a model on same-sex orientation that challenged traditional norms. Specifically, the new model conceptualized same-sex desire as a sickness rather than a sin. This historical shift away from religious doctrine to a medical milieu was considered progressive for its time, because a person with same-sex feelings could not be faulted for being ill. Essentially, it was better to be seen as being sick than to be viewed as a sinner (Drescher, 2002). Medical “cures” during this era consisted of cold sitz baths, castration, sterilization, and lobotomy. Psychiatric treatments included hypnosis, electroshock therapy, and psychoanalysis (Morgan & Nerison, 1993).

Freud, the father of psychoanalysis, published one report specific to SOCE. In this 1920 document, Freud detailed an unsuccessful attempt to change the sexual orientation of a woman coerced into treatment by her parents. At the end of this case, Freud concluded that sexual orientation change efforts were unlikely to succeed (APA, 2009). Post-Freudian theorists, however, developed a more pathologizing analysis of same-sex behavior. Sandor Rado was the inspiration behind this new approach and his theory of homosexuality became the next dominant force in the field of psychiatry (Drescher, 2002). Rado’s *adaptational* model defined same-sex desire as a person’s “reparative” attempt to gain sexual pleasure when opposite-sex relations proved too threatening. As such, same-sex desire was reconceptualized as a phobic flight from normal sexual activity (Morgan & Nerison, 1993). Rado’s model furnished the framework for what would later be termed *reparative therapy* (Drescher, 2002); it also provided the rationale for including homosexuality in the first two editions of the *Diagnostic and Statistical Manual of Mental Disorders* [DSM] (APA, 2009). Formally classifying same-sex orientation as a mental illness gave SOCE legitimacy from the 1950s through the 1960s.

The 1970s ushered in another new era of therapeutic discourse as a growing body of research challenged the stigmatization of same-sex attraction. The social and political landscape in the U.S. had also changed as activists from within and outside of the mental health professions embarked on a mission to have homosexuality removed from the DSM. Gay rights activists, for example, disrupted the American Psychiatric Association’s (ApA’s) annual conventions in 1970 and 1971 demanding that psychiatry develop a more affirming approach to the treatment of LGB people. Those demands were finally met on December 15, 1973 when the APA voted to remove homosexuality from the DSM (Morgan & Nerison, 1993).

SOCE declined dramatically after homosexuality was removed from the DSM (APA, 2009), but as Newton’s third law of physics states, “for every action, there is an equal and opposite reaction” and anti-gay forces vehemently pushed back. Much of this force came from the ex-gay ministries movement, but the 1990s also propelled a faction of clinical dissenters onto the scene (Zuker, 2003). These Orwellian-type

practitioners claim to protect gay rights by asserting that LGB people have the right to change their sexual orientation if they desire. Despite new resolutions having been adopted by major mental health organizations rejecting SOCE, these methods persist today in a dreadfully unimpeded way.

Who Participates in SOCE?

It is likely that most individuals who identify as lesbian, gay, or bisexual have at some point in their lives felt “different.” For some people, that feeling of being different and the realization of a LGB identity may cause psychological distress severe enough that some individuals seek out treatment that purports to alter sexual orientation. Our understanding of who seeks out SOCE therapy is limited because our knowledge is based on a scarce number of published empirical studies. It has been reported that gay males tend to enter into SOCE treatment more than lesbian or bisexual women (Johnston & Jenkins, 2006). This may be due in part to gay men receiving more severe oppressive messages as a result of gay men challenging traditional male gender roles in a patriarchal society. This in no way minimizes the experiences of heterosexualism and sexism experienced by lesbians and bisexual women.

In fact, on a smaller scale, some women do enter into treatment to alter sexual orientation. In relation to cultural diversity, it appears that the majority of clients who participate in SOCE therapy tend to be European American, specifically white, Christian, males. This information is based primarily on examining the demographic characteristics of participants in SOCE therapy outcome research. It is possible that some LGB people of color may be participating in sexual orientation change efforts through their respective religious institutions in the forms of prayer and informal counseling with spiritual leaders. Another group of individuals who enter into SOCE therapy are LGB adolescents. More research is needed in order for accurate prevalence rates of adolescents who participate in SOCE therapy to be known. What can be assumed is that most LGB adolescents are likely brought into SOCE therapists by their parents or guardians, whether the adolescent wants to participate or not. Hicks (2000) called sexual orientation change efforts a form of child abuse, especially when parents force minors into this type of extreme therapy.

A full description of the psychosocial characteristics of the individuals who participate in SOCE is beyond the scope of this article. However, we wanted to share some findings from a recent study that reported some interesting characteristics of lesbians and gay men who turned to SOCE therapy. Johnston and Jenkins (2006) found that people who entered into SOCE therapy did so out of desperation. Moreover, these same individuals were extremely assailable. Not surprising, the authors reported that SOCE therapy intensified self-loathing among clients. Johnston and Jenkins also reported that ex-gay ministries inflamed conflict between individuals’ religious beliefs and feelings toward their gay or lesbian identities. Participants also reported experiencing pressure from SOCE therapists and ex-gay ministries to conform to traditional gender roles. Lesbian and gay participants in Johnston and Jenkins’ study detailed an eventual level of self-acceptance that allowed them to work toward personal growth, after realizing that they were not experiencing any permanent changes in sexual orientation.

SOCE Therapy Systems and Interventions

The National Association for Research and Therapy of Homosexuality (NARTH) is an organization that believes in providing SOCE therapy to individuals who are experiencing distress as a result of same-sex attractions. NARTH traditionally utilizes secular forms of SOCE therapy. Other systems of SOCE therapies are grounded in religiosity and/or spirituality, sometimes called Ex-Gay Ministries. Exodus International is the premier example of an ex-gay ministry. Exodus delineates change as abjuring from any type of same-sex behaviors, decreasing temptations to engage in same-sex behaviors, and bolstering masculine and feminine gender roles. Interestingly, although NARTH describes itself as a secular, scientific organization, Exodus International lists NARTH as one of its affiliates on its website. According to Morrow and Beckstead (2004), in ex-gay ministries, SOCE therapies are usually provided by counselors who are not licensed, whereas in private or public mental health agencies, SOCE therapies are typically provided by licensed counselors. It should also be noted there are numerous ex-gay ministries in the United States. Both secular and religious-based SOCE therapy systems use a variety of interventions to attempt to alter the sexual orientations of LGB clients.

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An exhaustive review of the myriad strategies used in SOCE therapy goes beyond what we are able to provide in this article. However, we wanted to present a brief representation of interventions that have been used both historically and currently. LGB persons who seek mental health treatment have historically been viewed as pathological and treated as such. Biological treatments of LGB orientations have included cauterization of the spinal cord, castration/ovary removal, clitoridectomy, and other surgical procedures, electric shock therapy and hormone treatments (Levay, 1996).

Some SOCE therapists will have LGB clients develop same-gender, non-sexual relationships with others as a way to reinforce “appropriate” gender behaviors. SOCE therapists may also explore unhealthy relationships that LGB clients may have had with parents or caregivers. Haldeman (1999) purported that an individual will be absolved of same-sex desires and behaviors if childhood attachments can be forged in the therapeutic relationship. Other strategies used, particularly by ex-gay ministries, include prayer and indoctrination. For a more comprehensive review of the SOCE techniques used, you are encouraged to consult the professional literature.

Effects of SOCE

According to the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation (2009), a few studies have reported benefits associated with sexual orientation change efforts. These benefits included decreased same-sex attractions and behaviors, increased opposite-sex attractions and behaviors, increased relationships and marriages with opposite-sex individuals, and greater psychological functioning. It must be mentioned that the majority of these studies used non-experimental designs, which potentially influences the positive results. Additionally, in SOCE therapy research, the samples are typically comprised of individuals who may be more likely to seek out that type of treatment (i.e., white, male, Christians), which could also influence the seemingly positive results.

There are numerous studies that highlight the damaging consequences associated with SOCE therapies. Some of these harmful side effects include depression, anxiety, avoidance of intimacy, sexual dysfunction, demasculinization, internalized homophobia,

and suicidality (Haldeman, 2001; Shidlo & Schroeder, 2002). In the 2009 report, one conclusion made by the APA Task Force was that there was evidence that LGB clients do experience harm from sexual orientation change efforts.

Resolutions Related to SOCE

The American Psychological Association’s Resolution on Appropriate Affirmative Responses to Sexual Orientation Distress and Change Efforts is comprehensive. One component of the resolution states, “there is insufficient evidence to support the use of psychological interventions to change sexual orientation.” To read the complete resolution, go to the online resource included at the end of this article.

In 1998, the American Psychiatric Association approved a statement that opposing “any treatment, such as reparative therapy or conversion therapy which is based upon the assumption that homosexuality per se is a mental disorder or based upon the a priori assumption that the patient should change his/her sexual homosexual orientation.”

Finally, the American Counseling Association’s Governing Council adopted a statement in 1999, “opposing the promotion of reparative therapy as a cure for individuals who are homosexual.” To date, there is no ACA ethical code that names reparative therapy or conversion therapy as being an unethical practice.

Helpful resources

American Psychological Association. (2009). *Report of the APA Task Force on Appropriate Therapeutic Responses to Sexual Orientation*. Retrieved from: <http://www.apa.org/pi/lgbt/resources/therapeutic-response.pdf>

Drescher, J. (2002). I’m your handyman: A history of reparative therapies. *Journal of Gay & Lesbian Psychotherapy*, 5 (3), 5-24.

Correspondence regarding this article should be directed to kasmiley@oakland.edu. A complete list of references is available upon request.

**Bouncing Back from Coming Out:
A Practically Existential Guide to Counseling LGBTQI High School and College Students
Adrian S. Warren**

Abstract

The author discusses personal experiences as both a gay client and a counselor for LGBTQI clients. He discusses the approach he uses to promote social justice and foster resiliency in his clients as they wrestle with coming out in high school or college and the social repercussions they experience. He uses a three-part approach consisting of strength-based counseling, spiritual/religious integration, and fostering healthy relationships. He concludes with a list of references he has found useful.

**Bouncing Back from Coming Out:
An Existentially Practical Guide to Counseling
LGBTQI High School and College Students**

In or out of the closet, high school is often a harrowing time for most people discovering their Queer identity. Hell, it's difficult for just about everyone. I'm pretty sure most of us realize that, but it can be very daunting, especially given the charged atmosphere the last few weeks. Working with any disadvantaged community requires a two-pronged approach—fostering resilience and advocating directly for social justice. Most of us with any LGBTQI or Ally identity are fairly comfortable with advocating for direct social justice for our clients.

Social Justice

One of the most basic things you can do as an advocate is to partner with the school's administration to create a zero-tolerance policy on any type of bullying (American School Counseling Association [ASCA], 2007, 2010). It is important to set this up in a good-cop/bad-cop mode with the counselor providing the safe place for bullies to talk. Ultimately, the best way to create a societal level change in your school is to get those oppressing others to engage with you in a counseling setting. Once you can help them discover their motivations towards violence, you can create a climate of acceptance (Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling [ALGBTIC], 2009).

It can be incredibly difficult for counselors on both sides of LGBTQI ideological debate to address their own countertransference and be good clinicians for people with vastly differing views. It is especially vital for those of us with an LGBTQI or

Ally identity to avoid a perception of partisan politics by the students engaged in bullying. If we become yet another adult figure in an us-vs.-them landscape, we will have lost the potential for life-changing dialogue.

Finally, because the personal truly is the political, we need to help our clients find their own voice in this cultural debate. Without Stonewall, we wouldn't be where we are today, certainly; but, we cannot expect our clients and students to be the same type of crusaders who were appropriate a generation ago. Rather than promoting your agenda, or the LGBTQI agenda in your district or state, help your clients identify their own priorities. Once they're aware of their values and causes, then help them create an action plan for self-advocacy. While many of our clients may not have the internal ego-strength to begin their journey with self-advocacy, it is highly doubtful they can attain any lasting peace and self-efficacy if they do not learn this skill during the course of your work with them.

Resilience

This same self-efficacy that leads to advocacy and political change is a critical element of resilience. Being Queer is not easy, but damn if it isn't rewarding at times. Navigating that journey to self-acceptance is a lonely one. No matter how many Allies we have, it is often a very lonely and existential process. One good, supporting counselor however, can make the literal difference between life and death. The external social bullying pales in comparison to the internalized homophobia and hate we self-flagellate with on a daily basis. In my experience as both a counselor and client, the most successful resilience comes from focusing on three things—Strengths, Spirituality, and Relationships.

Strengths

One of the best resources I've found for building resiliency is a strengths assessment from the University of Pennsylvania. The VIA Survey of Character Strengths (Peterson & Seligman, 2004) is a positive psychology assessment that helps identify the major strengths of your clients' personality. It is a free online assessment which can be done in your office during a session, or in a waiting area before the session.

The assessment can be accessed at <http://www.authentichappiness.sas.upenn.edu/testcenter.aspx>, along with several other positive psychology tests. It has good psychometric properties and is incredibly multicultural. There is also a children’s version if you also work with younger students.

Once you and your clients identify their strengths, you can begin to focus your interventions towards those assets, thereby fostering a habit of success which will then promote self-efficacy and the stirrings of resilience. For Coming out and building the resilience to thrive in an oftentimes hostile environment is a slow and frustrating process for both client and therapist. Rather than focusing on the destination though, help your clients focus on their journey. Coming from a strength-based approach will allow you and your clients to build their lives from a solid foundation.

Spirituality

After building on your clients’ innate assets, it may be time to build on that foundation and address deeper concerns (Association for Spiritual, Ethical & Religious Issues in Counseling [ASERVIC], 2009). There is surprisingly little literature on LGBTQI spirituality. As we attempt to form a cohesive paradigm, ASERVIC and ALGBTIC are making great strides in research on this confluence of life, but we’re only in the preliminary stages as a profession and society. Religion is arguably the most hotly contested divergence of human interaction. I think we’re innately driven to protect our beliefs to the death because if we’re proven wrong then our entire worldview and universe—past, present, and future—are in danger of spontaneous implosion.

Let’s be honest, many of the places where we’re having problems with bullying are in strongly conservative and religious communities. Many in the LGBTQI community have come to correlate religion with oppression. This seeming unholy alliance though, leads to clients into a dangerously dichotomous choice—my religion or my spirituality. But, if we weigh in on *either* side of this battle, we’re dooming our clients to failure!

We have to support our clients’ spirituality at the same time that we help them explore their sexuality. It is not our role to serve as clergy for our clients rather than taking on an instructional role in religion,

we can serve as balanced interlocutor for their internal exploration .

I’ve included a few references which I find useful in the selected bibliography below. These books and articles are not meant to be authoritatively definitive on the subject of Queer Spirituality; rather, I use them to posit an antithesis to my clients’ internal monologue and then use our conversations in session to build an overall synthesis. The most important tools counselors can bring into this part of treatment are an open mind and an honest heart.

Relationships

This very open honesty should be the foundation of your relationship with your clients (Jordan, Walker, & Hartling, 2004). As you model mutually growth-fostering relationships, you can begin to work with your clients to identify the relationships in their lives that can be sources of strength. It is almost inevitable that some of your clients’ relationships will be lost during their coming out processes. They may lose anyone, a pastor, school friend, or even—and especially harmful—a parent. Help them realize that, while they are yearning for connection, they need to learn how to gauge which relationships have the potential for mutuality. Probably the best thing you can do is to help them identify one to two people whom they can trust and consistently work on building those relationships.

Most high school and many college students simply cannot end relationships with their families. For legal and financial reasons alone they are dependent on their parents. A key aspect of fostering resiliency is to help them learn how to make the best of the situation they may be stuck in. In an ideal therapeutic world, we can get their families involved in the treatment process and have nice, positive outcomes. In our current reality though, this is rarely the case. Please, please, please do NOT pressure your clients into coming out to their families if they have not already done so. You can certainly help them explore that option, but they have to be aware of the very real possibility of reprisals from home.

One of the things that I’ve done with adolescent and young adult clients throughout my clinical practice is to acknowledge that they are in horrible circumstances at home, but that together we can help them endure long enough to graduate.

This can actually serve as a stress inoculation for life; if they can grow in a stifling, acidic environment through high school or college, then the rest of life will have much more potential for thriving. The same approach can serve you at school. Some schools have tremendously advantageous environments while some are inherently destructive to the Queer student. Go back to the strength-based approach and work with your clients to identify the positive aspects of their campus and how they can involve themselves in those aspects.

Conclusion

This article is not the quintessential text in bullying and resilience. These are merely ideas and experiences from my socially constructed reality as a client and clinician. These ideas have worked well for me, but my true hope is that you can fall back on your basic strengths as a counselor. Be congruent. Be empathic. But above all, if you want to build an environment of healing and acceptance, have the unconditional positive regard for the Queer and the Bully!

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An Update from the ALGBTIC Competencies for Counseling Lesbian, Gay, Bisexual, Queer, Intersex, Questioning and Ally Individuals Taskforce

By

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*Authorship is alphabetical. All authors contributed equally to this newsletter article submission.

The current political climate surrounding Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Questioning, and Ally (LGBTQIQA) issues paired with the current LGBTQIQA issues challenging the counseling profession, necessitate a revision of the current ALGBTIC Competencies for working with Lesbian, Gay, Bisexual and Transgender Clients. The current political climate includes issues such as the rise in anti-LGBT rhetoric in our national discussions; the progress of the LGBT Rights Movement regarding hate crimes legislation, the potential to pass the Employee Non-Discrimination Act (ENDA), Same Sex Marriage legislation, and the Safe Schools Improvement Act, and the potential to repeal Don't Ask Don't Tell (DADT). Additionally, in the counseling profession, LGBTQIQA issues are gaining increasing attention, (e.g. an increased visibility of suicides due to anti-LGBTQIQA bullying, the gatekeeping roles of our profession related to ensuring that LGBTQIQA individuals are not discriminated against, and the ongoing concerns over practices such as reparative therapy). It is clear that an updated and inclusive set of competencies, reflecting the evolution of LGBTQIQA identities and issues, is critical to comprehensively and respectfully meeting the needs of our profession. The LGBTQIQA Counseling Competencies Taskforce has taken on this project. Given the difficult task of providing contemporary training that produces counselors who are competent in working with LGBTQIQA

clients, as well as to address systemic issues in their settings such as bullying, a major goal of this revision is to make them accessible and useful for practitioners, counselor educators, and counselors-in-training alike.

In the Fall of 2009, under the direction of Michael Kocet, then President of ALGBTIC, a taskforce was formed to review and update the current ALGBTIC Competencies for Counseling Lesbian, Gay, Bisexual, and Transgender Individuals. This taskforce's work is still underway under the support of current ALGBTIC President, Mike Chaney. The first step taken by the taskforce was to determine the scope of the project. Given that the Competencies for Counseling Transgender Clients was approved by both the ALGBTIC Board and ACA's Governing Council in November of 2009, the taskforce would not address counseling Transgender Individuals in their work. However, the taskforce had a unique opportunity to expand their scope beyond the previous competencies to address working with all other members of the LGBTQIQA community. The ALGBTIC Board had specifically made the recommendation that the new competencies address issues related to working with Allies in counseling, and the taskforce quickly determined that including Queer, Intersex, and Questioning Individuals would also be important.

After the taskforce determined the scope of its work, the project was quickly underway. Following the model set by the ALGBTIC Transgender Committee in their

work on the Competencies for working with Transgender Clients, the taskforce determined the following steps to complete their work. First, members of the taskforce divided into subgroups to address the various Council on Accreditation of Counseling and Related Educational Programs (CACREP) areas and sections of the overall document. Integrating research, common practice, and each person's expertise and areas of emphasis into the work, each subcommittee created initial drafts of their sections. After this was done, the taskforce as a whole reviewed each section and provided feedback. The taskforce is currently into its second round of revisions of each section.

Once a final draft of the document from the taskforce is created, it will be sent to outside reviewers. Outside reviewers will be chosen for their expertise in various counseling settings and for their contributions to the LGBTQIQA counseling field, which will be representative of the diversity of the LGBTQIQA Community. After suggestions from outside reviewers are integrated, the document will then go to the ALGBTIC Board for review and approval. Once passed by the board, the document will be submitted to ACA's Governing Council for approval, before being released and published on the ALGBTIC website.

As the taskforce is entering the later stages of the project, they are excited to be able to make this important contribution to the field. Conversations around the current events nationally and within the profession continue to highlight the growing need to produce a quality document that will help counseling professionals move their practice forward. The taskforce, thus far, has considerably expanded the previous competencies.

This revision addresses the needs and

continued evolution of LGBTQIQA identities and communities. Additionally, two specific areas have been added to the competencies that were previously lacking: working with individuals who are Intersex and those identifying as Allies. On April 1st of 2004, the Governing Council of ACA passed a resolution to Protect Intersex Children from Unwanted Surgery, Secrecy and Shame. Yet in the ensuing 6 years, relatively little has been accomplished by ACA or ALGBTIC relative to service and advocacy for people who are Intersex. The inclusion of a set of basic competencies for working with and advocating for people who are Intersex is a critical first step in improving counseling services with this population. In the section for working with individuals who are Intersex, the committee decided to move away from the structure of the other sections of the document (organized by the topical areas laid out in the 2009 CACREP Standards). Specifically, this section will begin with some basic information about individuals who are Intersex, how they have encountered the medical and mental health professions to date, and then proposes a model of working with individuals who are Intersex that is affirming and supportive. In the second section of the document, the taskforce created a specific set of competencies for working with individuals who are Intersex. While the committee was unable to create a document as extensive for working with individuals who are Intersex as the one for working with individuals who are Transgender the members believe this work will provide a solid foundation, which can be later expanded. Additionally, the taskforce will recommend that in the future a committee be convened to build upon this work to create a more extensive document.

Another area addressed in these competencies that will provide information, which does not presently exist elsewhere, is the section on Allies. In order to write this section, the taskforce had to first define “Ally” and then expand beyond the scope of current research to fully address this definition. Some of the questions considered during this process were:

- Are Allies, by definition, only Heterosexual and Cisgender?
 - What relationship do Allies have with LGBTQIQ persons (e.g. family, friend, colleague, etc.)?
- Could Allies be LGBTQIQ persons themselves? (e.g., people who are Lesbian serving as Allies for people who are Intersex).

The definition decided upon includes “all of the above” and more. The group subsequently defined an Ally as anyone who interacts supportively with an LGBTQIQ person and who could be affected by LGBTQIQ issues. This could include a child, parent, spouse, teacher, minister, friend, co-worker, etc. The group further decided that it was important to take into account the process of Ally Development. For example, some may enter into their journey from a place where they are currently not supportive (e.g. a Parent who has recently become aware of their child's sexual orientation and who may at first seek ways to help the child to change their orientation). In these cases, this person may eventually become an ally or advocate for their child; the taskforce sought to provide information for working with this particular client as well.

Originally, the task force began developing counseling competencies as they would apply to a “counselor who is an Ally”.

That is, the Ally is the counselor treating the LGBTQIQ person. This area became the first part of the Ally section and encompasses a counselor’s range of knowledge and skills in the role of Ally for providing competent counseling services with an LGBTQIQ person.

The second half of the Ally section addresses the needs of a “client who is an Ally”. Such a client could be dealing with issues precipitated by her/his relationship with a LGBTQIQ person. Thus a counselor would need to know how to respond to clinical issues presented by this Ally's relationship to another person’s affectional orientation or gender identity or expression within a heterocentric society. Examples of this include a mother dealing with her daughter’s coming out as Lesbian or a Transgender person’s co-worker trying to assimilate the meaning of their changing relationship. This section would also include being Allies to Transgender individuals and communities, since this was not a focus of the Competencies for Counseling Transgender Clients. The completed Ally section provided a dual approach to counseling competencies needed by either a “counselor who is an Ally” working with a LGBTQIQ person or a counselor working with a “client who is an Ally” presenting with concerns related to another person’s affectional orientation or gender identity or expression.

In addition to the two areas highlighted above, it was also decided the terms Queer and Questioning should be included. While the LGBTQIQA Community is still divided regarding the use of the term Queer, there are many within the community who do use this label in their personal identity and/or as a term for LGBTQIQA communities. This term, while having been used pejoratively

against LGBTQIA individuals historically and still today, originally held a meaning of “different”. Many, especially younger generations, have reclaimed both the word and meaning, and as a result, celebrated their difference in the world. The taskforce sought to address these shifts within our document. The term "Questioning" was also included to encompass persons who may not be sure of their affectional orientation or gender identity/expression. Both of these identities have been addressed in addition to the identities addressed in the original LGBT Competencies.

The time for moving ahead and evolving with the LGBTQIA Community is here. As a profession, the field of counseling historically has not always been able to meet the needs of LGBTQIA communities and has, in many instances, been harmful. While, as a profession, we have certainly come a long way, there is still much further to go. It is hoped that these competencies will continue to push the bar forward. With recent focus on national anti-LGBT rhetoric and suicides, our professional obligation is to promote justice for

counselors in our training programs, and providing opportunities for continued growth and increasing competence for practicing counselors. This taskforce is hopeful that these competencies will contribute to that mission.

ALGBTIC Competencies for Counseling LGBTQIA Individuals Taskforce Members:

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The Association of Lesbian, Gay, Bisexual & Transgender Issues in Counseling (ALGBTIC), a division of the American Counseling Association (ACA) is inviting submissions for our journal, ***The Journal of LGBT Issues in Counseling***.

The intent of this journal is to publish articles relevant to working with sexual minorities and that will be of interest to counselors, counselor educators, and other counseling related professionals that work across a diversity of fields, including in schools, mental health settings, family agency's, and colleges and universities. This journal welcomes the submission of articles that reflect issues pertinent to the health of sexual minority individuals and communities, and should focus in one of the following areas: (1) new research in the field of counseling, (2) introduction of new/innovative practices within the counseling field, or (3) theoretical or conceptual pieces, including reviews of the literature, that reflect new ideas or new ways of integrating previously held ideas. The journal is distributed quarterly. For detailed submission guidelines please contact

Ned Farley, Ph.D., editor, at efarley@antioch.edu or go to the journal website at:

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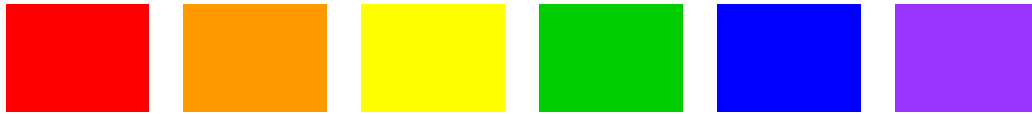
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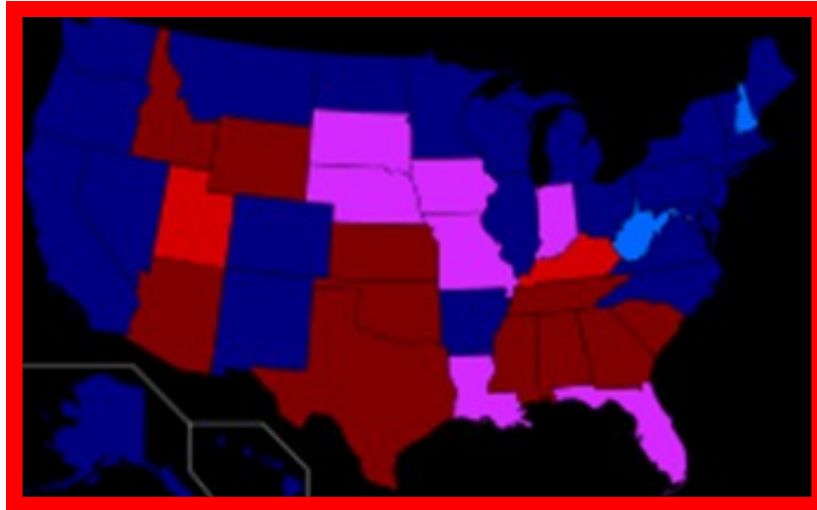
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Don't Ask , Don't Tell Policy Is Repealed!!!

“Don't ask, don't tell” was repealed by Senate; a bill awaits President Obama's signing



The Senate passed S.4023 65-31 with all Democrats (except for one abstention) and 8 Republicans in support.

(in blue) Both yes

(in light blue) One yes, one didn't vote

(in pink) One yes, one no

(in light red) One no, one didn't vote

(in dark red) Both no



Countries which previously allowed gay people to serve: Albania, Australia, Austria, Belgium, Bermuda, Canada, Republic of China, Colombia, Czech Republic, Denmark, Estonia, Finland, France, Germany, Greece, Republic of Ireland, Israel, Italy, Japan, Lithuania, Luxemburg, Malta, The Netherlands, New Zealand, Norway, Peru, Philippines, Poland, Romania, Russia, Serbia, Slovenia, South Africa, Spain, Sweden, Switzerland, United Kingdom, and Uruguay.

Book Review:

What if Someone I know is Gay? By Eric Marcus

When thinking about and discussing the topic of working with LGBTQ individuals, an array of feelings can arise. As counselors and school counselors working with LGBTQ students facing difficulties associated with bullying or other oppression dynamics, we can sometimes feel angry that this is happening, sad for the individuals to whom this is happening, fearful for this cycle continuing, and helpless to address it in a system that often hinders. Others may think that even if they could address such concerns, they may not feel comfortable in their knowledge, awareness, and/or skills in relation to the topic to do so. Perhaps they have many questions also. Gaining more education in this particular area is key.

Eric Marcus answers questions posed by teenagers in his book *What if someone I know is Gay?* In his introduction he states And when it comes to the subject of gay and lesbian people and gay issues, there are a lot of questions that never get asked and a lot of answers that never get offered. I think we'd all be a lot better off if kids could feel okay asking questions and had someplace where they could find the commonsense answers they are looking for" (p.2).

I agree with this statement and think this book provides adults with answers as well. Marcus talks about the fact that many teenagers will write him and ask him questions and this reminds me of my belief that individuals will seek answers to the questions they have- whether adolescents seeking answers or adults- my hope is that the answers found are helpful and accurate.

I feel this book is a great resource for a person who is just embarking on finding some answers or at least asking some questions. Marcus is an award winning author and does not claim to be a counselor. He writes from his experience and from the experiences of others he has interviewed or who have shared information with him for this and other books. His writing is conversational and very easy to read. He answers questions ranging from "Is it true that being gay is like a disease?" to "I have a friend who is gay and very upset about it. My friend has talked about committing suicide. What should I do?"

With an entire chapter devoted to school, this book does address incidents of bullying and harassment and discusses examples of schools with more positive cultures and classroom examples where students have been bullied. I recommend this book as a resource for counselors and hope others find it helpful. I hope that one day, with all of the work we are doing and continue doing as counselors and school counselors, a book like this would NOT include a question such as "If I'm being teased or called names because I'm gay or because someone thinks I'm gay, is there anyone at school I can talk to?"

For comments contact Rebekah Byrd at rebekah.byrd@gmail.com

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ALGBTIC News, the newsletter of the Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, is published three times annually. The ALGBTIC News is typically published online for summer and fall. Our Pre-Conference issue is a mailed hardcopy. The publication dates and submission deadlines are:

**Pre-Conference edition: March 15, 2011
Submission deadline: February 10, 2011**

**Summer edition: July 31, 2011
Submission deadline May 15, 2011**

**Fall edition: December 24, 2010
Submission deadline: December 1, 2010**

Submission Guidelines:

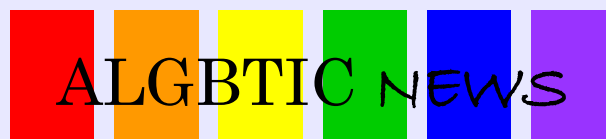
Submit articles and items that would be of interest to our readership and ALGBTIC members. Information should be current and informative. Submissions that promote dialogue and opinion are especially encouraged.

All submissions should be sent to the Editor via email as a Microsoft Word attachment. Please be advised that the Editor has the right to edit your submission due to space considerations and/or content issues.

Please send your submission to:

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Disclaimer: Although ALGBTIC News attempts to publish articles and items of interest that are consistent with the mission and goals of ALGBTIC, they do not necessarily reflect the overarching opinions, policies, or priorities of ALGBTIC or ACA.



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