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Message from the President

Greetings Everyone!

First I'd like to express how excited I am to be your 2014-15 ALGBTIC President! I have many initiatives I'll be working on and suffice to say, I enter my term at a very exciting time!

As I enter my presidency, the political landscape for the LGBT persons is changing. Some for the better, some for the worse. As we see the dominoes fall for same-sex marriage in the United States, we see anti-LGBT organizations fighting back. We are also seeing several states take on similar movements by refusing to honor state constitutional rulings. Religious values and the argument for religious freedom still supersedes equality and anti-discrimination policies.

I am also reminded on a more personal level how much more needs to be done. I was

recently out of state working and a fellow counselor educator I was working with did not realize that LGBT persons are not a protected class under federal law. I am also reminded each and every time I teach my LGBT course. I am reminded that I am fortunate to teach this class and even more fortunate that I am supported in doing so. Despite the progress, research continues to suggest higher rates of mental illness, sexual abuse, homelessness, and addiction. And research also continues to show that counselors feel ill-prepared to work with this population. I only wish every counseling program mandated a course or at least mandated content that included the LGBT population.

So my fellow ALGBTIC members, there is a lot of work to be done! (*continue next page*)

Table of Contents

MESSAGE FROM THE PRESIDENT	1
MESSAGE FROM THE PAST PRESIDENT	3
NEW AND NOTEWORTHY	5
DIFFICULT DIALOGUES	6

The first step in the continuation of developing awareness, knowledge, and counseling-based practices, is ALGBTIC's very first conference. I am working with Dr. Catherine Roland, who is chairing this inaugural event, and the ALGBTIC board to provide this first of its kind conference that focuses strictly on LGBT issues for counselors. We have approximately 120 workshops, roundtables, and poster sessions. We are planning a fund raiser, reception, and luncheon. Dr.'s Thelma Duffy (ACA President-elect) Colleen Logan (ALGBTIC Past-President) will be in attendance to speak to us at the "opening remarks" and luncheon respectively. We want to create a safe environment to share knowledge, educate and promote a sense of community. The conference is September 19th and 20th, 2014 in New Orleans! You can get more information on the ALGBTIC website www.algbtic.org.

Speaking of the website, a new more dynamic and interactive site is being unveiled. We plan to provide a more user friendly experience that will also be an exchange of resources and information. We will keep you posted as the new site is being introduced.

Two new task forces are also being introduced during my term. My background in adult development has inspired me to examine the issues of aging in the LGBT community. Many of our mental health colleagues have addressed the aging baby boomer population but have neglected the specific concerns that our community faces. People often think conditions are improving for LGBT person as they come out. In some cases they certainly are. What is overlooked is for older LGBT person's that is not the case. As I write this I am reminded of a story I read the other day from Our Lives magazine (an LGBT publication) about 81

year old Dennis Creamer who felt free for the first time since moving into Rainbow Vista Senior Living Center in Gresham, Oregon. The LGBT experience is very different for aging LGBT persons and having "best practices of counseling" would provide a template to work from.

The continued success for ALGBTIC moving forward is also bridging the past. As counselors we view the world from a developmental perspective and the development of ALGBTIC begins with the history of our organization. I am forming a past-presidents' council that would be used in an advisory capacity. We need our past leaders to mentor all of us for the organization to be successful.

Although we are in the beginning stages of planning for the ACA conference in Orlando, Florida, ALGBTIC will have a strong presence. The graduate student committee will be hosting an event along with our tradition reception and "happy hour" gathering. There will be sponsored sessions focusing LGBT issues and the Rainbow Run, which promotes wellness and raises money for a local LGBT organization. You should know that 2015 marks the 40th anniversary of ALGBTIC so stay tuned as more information is released!

Lastly, I would love to provide opportunities for involvement. If you are interested please email me at jrheineck@niu.edu.

Thank you and I look forward to serving you!

With Warm Regards,

Jane E. Rheineck, Ph.D., LCPC, NCC
ALGBTIC President 2014-2015

Message from the Past President

Hugh C. Crethar

Oklahoma State University

It has been an honor and pleasure to serve as President of ALGBTIC over the past year. Many things have happened over the past few years relating to our community as well as within the field of counseling. As I have previously written, the right to marry has moved forward consistently state by state and our association has taken formal and public stands regarding the rights of people of all affectional orientations to have equitable quality of counseling care.

Despite these positive movements, the right to equitable access to marriage has not yet been taken up as a stance by the American Counseling Association and the right to marry has not yet been brought to the Supreme Court of the United States (SCOTUS). Both of these issues worry me. ACA has avoided lobbying for the rights and welfare of our clientele for several years wherein the primary lobbying focus has been on the needs of counselors. The SCOTUS has ruled that corporations are people (allowing some people to be counted as people more than others) and made a ruling allowing people to impose their religious beliefs on their employees (Hobby Lobby ruling). Both decisions were made by a bitterly divided court. This latter ruling sets a dangerous precedent that could permit for-profit corporations to pick and choose which laws to obey. I feel it is crucial that ALGBTIC and ACA choose to take a very public stand, backed by the lobbying efforts of the PPL Committee and Staff.

The life contexts of these we serve as counseling professionals are key variables in their competent and ethical care. It is imperative that all counselors stand for equitable access to rights and privileges for people of all affectional orientations. As counseling professionals, it is our ethical duty to maintain the focus of our energies on what is in the best interest of our clients and those in their communities. Our field is deeply rooted in a wellness perspective, where we focus primarily on the holistic needs of those we serve and on working with them towards goals based in their cultures and contexts. This perspective requires counselors to take an inclusive stance in our work as opposed to one that is exclusive.

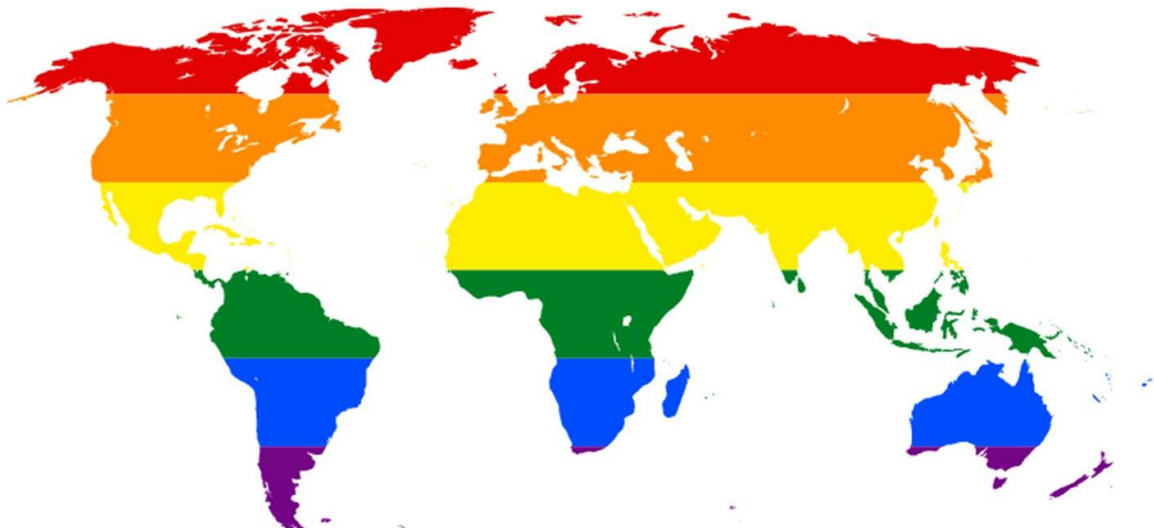
In order to competently serve our clientele, counselors must become more proactive in the combating of oppression in the lives of their clients and those in their systems. While it is necessary to help individual clients cope with the aftereffects of oppression, it is merely first order change in that it insufficiently targets the effects of oppression while ignoring the causes. Our goal should be to develop empowerment with disenfranchised clients and prospective clients and advocate for the development of systemic, systematic, and sociopolitical changes that allow them optimal opportunity to succeed. It is important to note that the 2014 edition of the ACA Code of Ethics refers to current and prospective clients in the nondiscrimination code (C.5.),

highlighting the importance of focusing our efforts on more than simply those who walk through the doors of our counseling offices. Further, A.7.a. Advocacy within our code states “When appropriate, counselors advocate at individual, group, institutional, and societal levels to address potential barriers and obstacles that inhibit access and/or the growth and development of clients.” I feel it is very appropriate to advocate for the basic rights of those we serve as well as those we might serve.

The basic rights are as follows: Our current and prospective clients deserve equitable access and equitable participation in society. Equitable access the fair and just distribution of the ability for individuals, family systems and broader societal systems

to utilize services, resources, information, power, and knowledge critical to self-determination and healthy development at all levels. Equitable participation is the fair and just distribution the right and ability of all in society to be consulted on and contribute to decisions that impact their lives. If we work as counselors to promote these two rights we ultimately afford our clients and prospective clients with an equitable opportunity to succeed and thrive.

It is my hope that we will all work as a community of counseling professionals to facilitate the growth and development of all those we serve. In doing so, we ultimately will build a healthier, happier and safer world for generations to come.





New and Noteworthy

Come Celebrate with ALGBTIC in New Orleans

By Catherine Roland, Conference Chair

Our first national conference is on September 19-20, 2014 at the New Orleans Hilton Riverside Hotel. Our inaugural conference theme is: **LGBT Advocacy over the Lifespan: Celebrating and Moving Forward**. The conference is built around YOU, your needs as counselors, mental health and education professionals, graduate students, and individuals who work with our community.

Friday, September 19

Pre-Conference workshops (exact titles to come in the next newsletter!)

9-12 **Dr. Michael Kocet**, former Chair of the ACA Ethics Code Revision Task Force, Past-President of ALGBTIC, and noted advocate, will present a 3-hour workshop around ethical implications around spirituality and growth and development for professionals.

1:30 – 4:30 **Dr. Barbara Herlihy**, well-known author, mentor and leader, will present a 3-hour workshop around ethical and legal implications that have impacted the LGBT community, and our profession.

Friday Evening – Reception at Hilton

Later Friday Evening – Fundraiser for NO/AIDS Task Force – Location announced soon. Fun will be had by all – plan on coming!!

Saturday, September 20

There will be conference workshops throughout the day, beginning with the General Session at 8:30 am. Workshops will be from 9-12 noon, then lunch break, and afternoon sessions from 1:30 - 4:30 pm. Following will be a poster session presentation from 4:30-5:30.

The potential for Continuing Ed Hours is a total of 12-13 hours for the two days. The networking possibilities at the inaugural conference are unlimited. The joy of spending time in the great City of New Orleans is unsurpassed. The Conference Committee will facilitate an excellent time in The Big Easy, from restaurant suggestions, to ‘night spots’ to cultural icons of art and architecture.

For further information on the conference, please contact Catherine Roland, caroland@gru.edu or Jane Rheineck, ALGBTIC President–elect, at jrheineck@niu.edu.



Difficult Dialogues

LGBT Related Research

By Jacqueline Ciccio Parsons, PhD, LPC
University of Texas at San Antonio

Difficult dialogues sometimes result when someone comes across a troubling piece of information. When researching for our presentation for the ALGBTIC conference, I was astonished to read an article about the National Institutes of Health (NIH) only funding one half of 1% of LGBT research over a 22-year period. From 1989 to 2011, the NIH only funded 628 LGBT-related research projects (Coulter, Kenst, Bowen, & Scout, 2014). The majority of research funded was on sexual minority men, specifically 86.1%. Only 13.5% of the research funded was on sexual minority women. Research dollars were primarily focused on HIV/AIDS.

In March 2011, the Institute of Medicine (IOM) issued a report, *The Health of Lesbian, Gay, Bisexual, and Transgender People* (IOM, 2011). In this report, the IOM reported that the health of LGBT community, including mental health, was inadequate (IOM, 2011). On January 4, 2013, the NIH director announced a new research division, the Lesbian, Gay, Bisexual, Transgender, and Intersex Research Coordinating Committee (LGBTI RCC). This division was created by the NIH to fill in gaps in their research portfolio specific to sexual minority related research.

Although it was a positive step by the NIH to create the new division, unfortunately little research opportunities have been made available. In February 2012, the National Institute of Child Health and Human Development issued three funding opportunities for Research on the Health of LGBTI Populations. In February/March, 2013, the National Institute on Alcohol Abuse and Alcoholism issued three grant-

funding opportunities on Research on Alcohol and HIV/AIDS. There have been no LGBTI research-funding grant announcements for the NIH in 2014 (NIH, 2014).

Sexual minority mental health related research funded by NIH grant money has been a rarity since 1989. It would be reasonable to understand the frustration in our community, yet opposition has never left us reluctant to tackle anything. There are so many phenomenal things happening in our world, yet there is a plethora of topics needing attention.

The majority of LGBT research has happened at the grassroots level. It has and continues to be a labor of love. I am grateful for this newsletter, the upcoming conference in September, and the opportunities to discuss new information available in the LGBT world.

Two of my children are sexual minorities. My 28-year-old son, John, is an opera singer in Philadelphia. My 16-year-old daughter, Katie, is a high school sophomore. They are two of the reasons I am writing this article.

The majority of our family lives in San Antonio, Texas, the seventh largest city in the United States. This city does not have a LGBT mental health referral source. I am a Licensed Professional Counselor, a Counselor Educator and an ally; however, when searching for a counselor for my daughter's emergent coming-out issues, I was challenged to find an available counselor competent in sexual minority issues, or one that was willing to advertise this competency on an insurance panel. Valuing my daughter's mental health, I



finally took her to a private-pay provider specializing in LGBT issues.

Unfortunately, homophobia is still rampant in the United States. Gallup Polls were taken in 2001 and 2013, asking if Americans thought Gay and Lesbian relationships were morally acceptable. In 2001, the portion of Americans thinking Gay and Lesbian relationships were morally acceptable was 40%, but by 2013 that fraction had only risen to 59% (Newport and Himelfarb, 2013). Almost one half of the US population is still harboring prejudice against sexual minorities.

As counselors, educators, students, and social justice-minded individuals, what a great opportunity we have to educate others on LGBT-related issues. Here are some ideas that could prove to be interesting areas for research, presentations, articles, or however you choose to go forward:

Average Age of Awareness of Sexual Minority Status - 13.4 years old (Ryan, 2009).

Dental Dam: A dental dam, like a condom, is a barrier method. It is a thin, square piece of rubber, which is placed over the labia or anus during oral-vaginal or oral-anal intercourse (Brown, 2013).

Increased Risk of Cancer in Lesbians and Bisexual Women: Lesbians and bisexual women experience an increased chance of cancer because they are less likely to get pap smears and mammograms (Cochran, 2012).

Rape to “Cure” Lesbianism: in some cultures, it is not unheard of for a woman to be raped, to be “cured” of her lesbianism (Amnesty International, n.d.).

Eating Disorders in Gay and Bisexual Men: men who have sex with men

are at an increased risk of developing eating disorders (Siconolfi, Halkitis, & Allomong, 2009).

Families displacing LGBT children – when some parents learn of the LGBT status of their children, they place their children in foster homes. Many LGBT youth feel the need to run away from home for safety (Kunerth, 2010).

Sibling Role Modeling - When one sibling announces his or her sexual minority status this may make it easier for another sibling to reveal his or her status later.

Difficult dialogues often move in a deliberate direction where the conversations are about advocacy, education, and change. These discussions can begin anywhere. My dialogue began at home with my daughter.

I had seen the opportunity to write an article for the ALGBTIC newsletter, so I wrote about the 22-year near drought of LGBT-related research by the NIH. Part of the article was about my daughter’s coming out process. Demonstrating that I valued her privacy, I asked Katie to edit the article, allowing her to remove her story, if she was inclined to do so.

Our joint venture led to another discussion on dental dams, another potentially difficult dialogue that turned out to be not difficult at all. My daughter asked to see what a dental dam looked like. Katie turned bright purple when I brought up a website of dental dams and our house was filled with laughter. My teenager is now acquainted with a way to protect herself. Difficult dialogues are not easy to begin, but neither is change. It comes slowly, at the grassroots level, with community support, and ultimately laughter, as we go forward successfully.



Major Contribution

Gay in Idaho: Advocating in Conservative States

by Jennifer M. Gess
Idaho State University

Just weeks after relocating from Seattle to Boise, our house was vandalized with homophobic graffiti. A Boise airport store clerk gave me an unsolicited response as I purchased a magazine with Ellen DeGeneres on the cover: “A woman cannot marry a woman.” In casual conversations, I am consistently asked about my “husband.” Unfortunately, these are not uncommon occurrences for people who identify as lesbian, gay, bisexual, transgender, queer or questioning (LGBTQ). People who identify as LGBTQ face various degrees of oppression. The LGBTQ community experiences additional stressors compared to their heterosexual and cisgender counterparts, including discrimination, prejudice, rejection, stigmatization, lack of protection and equal rights, and violence (Meyer, 2003).

Idaho is one of 31 states where same sex couples cannot marry (Human Rights Campaign, 2014). My wife and I are legally married in Washington State and yet are not recognized as married in our current state of residence: Idaho. Idaho state does not protect LGBTQ individuals from employment, housing, public accommodation, hospital visitation rights, transportation and education discrimination (Human Rights Campaign, 2014). The Idaho Human Rights Act does not include the words “sexual orientation” or “gender identity” to protect the rights of those whom identify as LGBTQ (Idaho Human

Rights Commission, 2007). Oppression experienced in the LGBTQ community increases risk factors, including mental health issues, substance abuse, homelessness, and suicide.

The rates of depression, anxiety, substance abuse, homelessness and suicide within the LGBTQ community are much higher than the heterosexual and cisgender population, demonstrating the high need for competent mental health counseling services, especially in states lacking equal rights, such as Idaho (Greytak, et al., 2009; Kosciw, Greytak, Bartkiewicz, Boesen, Palmer, & Gay, 2012). The lack of adequate healthcare for this marginalized community contributes to increased risk factors. Counselors have the opportunity to decrease risk factors through mental health services, specifically utilizing a social justice advocacy framework.

As professional counselors, it is imperative we provide affirmative LGBTQ counseling services to clients using social justice advocacy counseling. Unfortunately, many counselors report not having the experience, skills and knowledge to work with LGBTQ clients (Israel & Hackett, 2004; Doherty and Simmons, 1996). In order to increase experiences, skills and knowledge, the social justice advocacy model considers the role of the counselor at the micro, meso, and macro levels. It is counselor’s ethical duty to advocate on behalf of the LGBTQ community at various levels.



The micro level considers counseling within the immediate counseling session. It is necessary for counselors to possess the skills and knowledge to work with LGBTQ clients in an affirmative manner. A great place to start is by reading LGBTQ counseling literature, attending LGBTQ workshops, and integrating these acquired skills into practice, such as using strengths-based counseling techniques from a social justice perspective. In Idaho, LGBTQ workshops are offered through the interest group, Idaho Association of LGBT Issues in Counseling.

Providing a safe space for marginalized clients is empowering and provides the opportunity for clients to live their lives to their fullest potential. Often, the waiting room is the first space to demonstrate a LGBTQ affirmative counseling space. Displaying LGBTQ magazines and brochures in the waiting room demonstrates LGBTQ support and provides a safe space. Other examples include having safe space declarations on the wall and posters representing equal rights. Inside the counseling office, including LGBTQ books on the bookshelf, a coffee mug with a LGBTQ affirming message on it, and a positive LGBTQ poster or art piece on the wall, are all ways to demonstrate affirmation. Additionally, providing a restroom for all gender identities, instead of a “men” and “women” restroom, allows access for all clients. These examples are ways counselors can demonstrate LGBTQ support.

Paperwork is another effortless and subtle opportunity to affirm LGBTQ clients. Intake paperwork may have limited binary boxes, such as checking either male or female when indicating gender. This limits the way a person is able to identify. Leaving a blank space

for the client to identify their own gender empowers the client. In the intake form regarding relationship status, gender-neutral terms, such as “partner” or “spouse,” are inclusive for both LGBTQ and heterosexual clients. Language can be limiting and it is important for counselors have inclusive paperwork to reflect an open and safe environment for all clients.

The meso level explores counseling at the community level. Exploring ways to advocate at the community level on behalf of LGBTQ clients at the meso level may be more challenging in conservative states. While challenging for many, it is important to remember the significant impact of advocacy work with respect to LGBTQ clients. For example, attending trainings, workshops and webinars on LGBTQ issues and inviting colleagues to join will spread awareness in regards to the discrimination the LGBTQ community faces while increasing knowledge among counselors. If working at an agency or educational system, advocating for inclusion of diversity in the mission statement is another way to promote inclusivity and safe environments that stand against bullying. Additional ways of advocating at the meso level include initiating dialogue with friends and family about LGBTQ issues. Specifically, a counselor may join a local LGBTQ community organization, such as the local Parents, Families and Friends of Lesbians and Gays (PFLAG) chapter, or facilitating a Gay-Straight Alliance (GSA) at the local school. Again, in conservative areas where support groups are limited, this can be more challenging and includes taking on a pioneer role by starting a local PFLAG chapter or GSA.



The macro level of social justice counseling considers counseling at the systemic level. The *ALGBTIC Competencies for LGBQQIA Individuals* state, “It is important to extend the role of counseling... beyond the confines of their individual practices... to address the systemic issues that are responsible for these added stressors” (ALGBTIC LGBQQIA Competencies Taskforce, 2013, p. 4). Advocating for the LGBTQ community at the macro level in conservative areas is vital in order to remove oppressive barriers LGBTQ individuals face every day, often contributing to heightened risk factors our LGBTQ client’s experience. For example, a counselor may consider a politician’s stance on LGBTQ rights when voting in the next local and federal elections. In Idaho, a grassroots campaign is advocating for equality for the LGBTQ community in Idaho by non-violently advocating for the words “sexual orientation” and “gender identity” to be included in the Idaho Human Rights Act. The campaign, called *Add the Words*, is an opportunity for counselors to advocate for equality at the macro level in Idaho. Spreading awareness of this campaign via social

media increases citizen’s awareness of the prejudice LGBTQ people face in Idaho and shows the support that does exist. Counseling at the macro level provides many platforms for counselors to advocate for civil rights.

Living in a homophobic, heteronormative culture can be detrimental, especially when heightened by a conservative state lacking equal rights. For me, moving to Idaho from Seattle has amplified the importance of advocating for LGBTQ clients, particularly in conservative states. As counselors, it is our ethical duty to advocate on behalf of the LGBTQ community at the micro, meso and macro level. As previously mentioned, advocating includes simple changes to intake paperwork (micro level), attending a LGBTQ training or webinar with colleagues (meso level), and researching politician’s perspectives on equality before voting (macro level). Such changes make a huge impact on the lives of the LGBTQ community, especially those who live in conservative states.



Guidelines for Newsletter Submissions

Next submission deadline is **September 30th, 2014** for publication in October.

1. All submissions must be electronic, written in Microsoft Word document formats (.doc or .docx) and included as an email attachment.
2. All submissions must be in 12-pt Times New Roman font with 1" margins.
3. All submissions must adhere to word limits for article category.
4. All submissions must include author's name, degree(s), academic or institutional affiliation, telephone number and email address in a cover email.
5. Any citations must follow APA Style Manual, 6th Edition, and language should be free of bias in accordance with APA's style guidelines.
6. Any articles not adhering to #1-5 above will be returned to the author for revision before review.
7. We welcome all submissions 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.

Submission Categories

- New and Noteworthy
- State Chapter News
- Fresh off the Presses
- Practice Matters
- Major Contribution
- Difficult Dialogues

Visit the ALGBTIC webpage at <http://www.algbtic.org/resources/newsletter> for details.