

ASSOCIATION FOR LESBIAN, GAY, BISEXUAL & TRANSGENDER ISSUES IN COUNSELING



AMERICAN COUNSELING
ASSOCIATION

*A Division of the American
Counseling Association*

Winter 2019 Newsletter

ALGBTIC is Taking Action!

Greetings from Jared S. Rose

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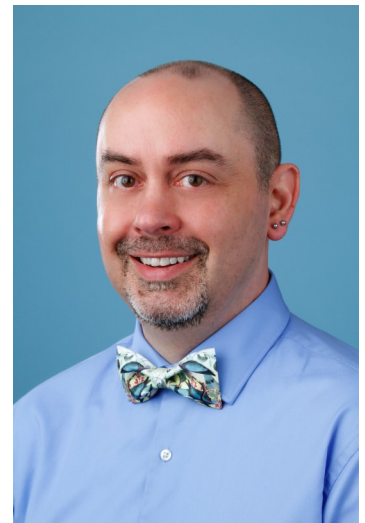
It has been a whirlwind calendar year for your Board of Directors. We continue to move forward with on the aggressive agenda set for the 2018-2019 year. Allow me to share with you some of the highlights of what we are working on, which is all in keeping with the year's strong focus on social justice and advocacy. Those are foci of everything I have done as a helping professional throughout my career and volunteer work, so it is unsurprising that I would emphasize these things for ALGBTIC during my time as your president. Our organization's mission is for all sex, sexuality, affectionality, and gender minorities, and intersectionality. This includes not only those clients, students, and others we provide services to, but also for all of us who identify as members within these communities. This without question also encompasses our allies whom we cherish and consider part of "the family." I have always believed we cannot properly help others without social justice and advocacy. There is always a time and place to "have the conversation," "invite dialogue," and similar intents of discussion and understanding amongst varied individuals. However, if we want to make change and impact the quality of life and wellbeing of those we serve, then there must be action taken. We do not make change with only discussion; we make change by taking action. Whether it is at the individual, community, state, or national level – we must act. You will see this from your ALGBTIC leadership strongly throughout the year and we will continue to encourage you to do the same.

This was first demonstrated clearly in our ALGBTIC 2018 Conference theme, *Actions > Words*. An amazing conference committee strove to make our 2018 conference in Portland, Oregon something unique. Presenters were required to not only impart knowledge through their presentations, but they also had to provide tangible, take-home tools to be utilized for social justice and/or

advocacy for those whom receive services or training from us. I can tell you from the overwhelming response both before and after the conference, the message of action has been championed by hundreds of you. I am proud and encouraged to see so many of you rallying behind the tone I

seek to set for the year. If you were able to attend, we hope you gathered a great deal of information and encouragement to return to your respective locations and continue efforts for those you serve. If you were not able to attend, well...we missed you! We hope to see you at the ALGBTIC 2020 Conference, and we will share with you the location details as soon as they are finalized.

While the conference was a high priority and we are pleased with its success, it is not the only initiative coming from me and the Board of Directors. By now you will have seen the request for input regarding the name of the organization itself. As the national organization for LGBTQ+ and Trans issues in counseling, it is imperative that we utilize language and terms that accurately represent how individuals identify. Our organization depends on us having a name that states this focus clearly. This is not the first time in the history of the organization where the name has been changed to keep in time with culture, language, and inclusion of the



(Continued on Page 2)

Greetings from Jared S. Rose, ALGBTIC President, 2018-2019

(Continued from Page 1)

varied identities and communities which we serve. However, your ALGBTIC Board of Directors has been working diligently all year to find a way for the name of the organization to be something not just more appropriate, but also with more longevity. To that end, focus has been given to the continuums of identities instead of specific identities. After all, we will never be accurate or fully inclusive if we continue to focus on identities at the individual level. Consider the name currently and how it only lists four, specific identities. This is clearly not as equitable and inclusive as it should be. We must do better. This is not an easy undertaking, nor one in which everyone agrees. My email inbox has been filled with members reaching out to express their views on this matter. I am grateful so many of you feel comfortable sharing with me directly your thoughts and reactions to this initiative. Some herald this endeavor as exceptional and long overdue, with the focus being where it should be; while others argue that the current name of only four specific identities is the most appropriate. My hope for us as an organization is that, while we may not all agree on the particulars, we will all remember this is not about our own personal identities. Rather, it is about all the people we serve and how we need to be able to state up front, through our name, how we are focused and concerned about a variety of identity continuums.

Such focus includes taking action in other ways as well. Earlier this year, the board approved my request to initiate the Special Committee on Public Policy. Now in my seventh year on the board, I have seen continual increase each year in the request of, and need for, our organization to respond to concerns over the treatment of LGBQ+ and Trans individuals, especially those with intersecting identities. These requests come from varied individuals and outside organizations, often seeking our input, support, advocacy, and/or statements regarding LGBQ+ and Trans issues/treatment, organizational and institutional concerns, or the counseling profession's manner in working with these populations. Additionally, in the current sociopolitical climate we are seeing an increase in the need for us to be more directly involved in social justice and advocacy on behalf of those to whom we provide services, our profession (e.g., conscious clause legislation, HHS's new Office on Conscience and Religious Freedom), and our own state branches in being supported (sometimes even to be recognized) by their state-level ACA branches. There is so much happening right now across the country and we need to be proactive in addressing such matters. I sought to establish this new, special committee to entrust them to address such issues on behalf of ALGBTIC. I asked Dr. Cory Viehl to chair this special committee. His enthusiasm for this new role, committee, and the tasks assigned to it is infectious. He quickly filled the committee with other dedicated individuals to provide a highly active force of a committee that has been proactively responding to various issues across the country. Through Dr. Viehl's leadership, ALGBTIC has been able to "raise its voice" even more than we already do. We also want to be responsive to your needs as they arise. If you see an area where ALGBTIC could assist with the local, state, or national advocacy and social justice of sex, sexual, affectional, or gender minorities, contact Dr. Viehl and his team directly for assistance.

In addition to such new initiatives, your board has been working to enhance things to advocate on behalf of you, ALGBTIC's members. Dr. Adam Carter, Professional Trustee responsible for the Membership and State Branches Committee, brought to the board a number of new objectives to better advocate on behalf of members and state branches. You will continue to see enhanced attention given to you and your state branches. Our organization exists because of members like you and Dr. Carter is precise when he advocates that we as a board need to do a better job at acknowledging and advocating for you. He has the board's full support with his direction. He is holding us to task on this, so be on the lookout for more things to come that benefit you as a member and your state branches.

We are not stopping there. Dr. Adrienne Erby, your Professional Trustee who oversees the Multicultural & Social Justice Committee is instituting newer and better connections for queen and trans people of color (QTPOC). While always a focus and need recognized by ALGBTIC, it is crucial that our QTPOC members, clients, and students have specific support and resources. Recognizing that it is difficult to provide and demonstrate that at the national level, Dr. Erby is working on ways that QTPOC can better connect electronically to share ideas, practitioner resources, and social justice/advocacy resources. As soon as these new tools are available she will be sharing them with all of you. Dr. Erby is also developing tools for your Board of Directors to improve the manner and approaches the organization can address specific QTPOC concerns. The board has overwhelming supported this challenge in order to improve its and future board's understanding and responsiveness.

These are just some of the new and exciting things happening for ALGBTIC and its members. We will be doing our best to keep you apprised via the newsletter, Facebook page ([Facebook.com/ALGBTIC/](https://www.facebook.com/ALGBTIC/)), and listserv (ALGBTIC-L@lists.purdue.edu). In closing, I want to express my genuine appreciation of you and your board. My approach as a servant leader is always one of recognizing that my responsibility is to the members, the board, and the people with whom we all work. Nothing of what I do in my role as president is about me; it is about us – all of us as ALGBTIC members, and for all of those we help in our daily activities. We exist because those in our communities need the best affirming support and services available. Let us never forget that we are here to help others. And there are a lot of us to do that! Did you know that we are now the second largest ACA division? Second only to ACES, we have the most members. How amazing is that?! We have over a thousand members doing amazing work on behalf of helping others, and I remain humbled that you elected me as your 34th president. More than that, the board is filled with others you elected for their respective positions as well. I greatly value the board's dedication to the organization, its mission, and its members. I have seen amazing things from this board over the past year and I am proud, every day, to serve with such a dynamic group of brilliant, hard-working, and frequently humorous individuals. You made wise choices when you elected them. They are ever mindful of our responsibility to members and are working very hard toward that end. Together we will keep moving forward on behalf of you and those with whom you work.

Here's to an amazing second half of the year,
Jared S. Rose, PhD, LPCC-S (OH), NCC, EMDRC
ALGBTIC President
(And of all of you and the work that you do, a #ProudPresident at that!)

The QTPoC Call to Action: A Profile of Dr. Anneliese A. Singh, PhD, LPC

By Adrienne N. Erby, PhD, LPC, NCC, Ohio University



Dr. Anneliese Singh, University
of Georgia

Dr. Anneliese A. Singh, Professor and Associate Dean of Diversity, Equity, and Inclusion at The University of Georgia and co-founder of the Georgia Safe Schools Coalition, Trans Resilience Project, and ALGBTIC's Queer and Trans People of Color (QTPoC) initiative was interviewed by Dr. Adrienne Erby, Professional Trustee for Multicultural and Social Justice Concerns and Queer and Trans People of Color (QTPoC) committee chair. Dr. Singh is a Past-President of ALGBTIC and SACES, recipient of the ACES Counseling Vision and Innovation Award, ALGBTIC's Mentor Award, and member (2014-2016) of the AMCD Task Force on Multicultural Competencies Revision.

"I Answered the Call:" A Graduate Student Leader

Dr. Singh began her work with ALGBTIC, formerly the Association for Lesbian, Gay, and Bisexual Issues in Counseling (ALGBIC), in 2002-2003 as a graduate student in her doctoral program at Georgia State University. At the time, Dr. Singh describes the organization's population as largely White, cisgender, gay, and mostly older men. Given this, there was a presidential initiative for the division to bring in multiculturalism in a meaningful way. She remembers seeing a call for a multicultural consultant in the division newsletter, and true to form, Dr. Singh answered the call.

Not only did she answer the call to serve, but she also brought her awareness of positionality, community organizing skills, and commitment to social justice to move the organization forward. Facing the familiar role of the person of Color "expert" to educating a largely White audience, Dr. Singh made her position clear, *"I will do this, but as a person of Color, I don't want to be telling a majority White membership what to do. I want you all to be integrating multiculturalism and social justice work in what you're doing."* Her call for intentionality in integration speaks to the historically White nature of the counseling profession. This manifests in counseling and psychology from the ways curriculum is organized, often with social and cultural foundations near the end of the degree to books and articles including "multicultural considerations" as a neatly placed section towards the conclusion. With multiculturalism and social justice as the fourth and fifth forces of counseling respectively (Ratts, 2009), both the profession and the organization needed to make change.

More than Adding a "T": Meaningful Diversity and Inclusion

In her role as the multicultural consultant, she also advocated for the inclusion of the "T" of trans experiences in the division's name. When she was advocating for trans-inclusion in the division, she recalls, *"Many White, cisgender men in the division would say they 'weren't sure if the membership was ready for the 'T' to be added.' What I realized as I heard that story over and over again was*

that the person who was talking to me at that time about this concern was actually the person that wasn't ready for it! So that was a really important piece of social justice strategy. I realized that the people I was talking to, who were speaking on behalf of other people, were the ones who were really uncomfortable with trans inclusion. That meant I had to start educating that person right then and there on high rates of Trans death, on the additive role of racism for trans people of Color." What I heard is a common moment most of us experience. This is the moment in which we decide to advocate or stay silent, and the stakes are raised when it comes to challenging our own communities. When asked the true/false question of, "Did you practice with the board how to say 'ALGBTIC' once the 'T' was added?" she answered, *"It is true. I was like--we're going to do it! Let's say it together -- over and over again -- until we get it! This was important because we were going to have to teach others outside of the division to get it too."* She described part of the challenge was getting the leaders' heads, and mouths, around the phonetics of the new organization name.

During this time, she was met with the familiar argument of ALGBIC getting lost in the "alphabet soup." Again, her response was clear, *"Look - the alphabet soup is our community. It's awesome! Let's not have this internalized shame... We're going to keep adding letters and that's the best part about our community. We're creative, we won't stop, and we evolve."* While challenging ALGBIC's encapsulation, she reminds us of the unique strengths of the Queer communities that have supported our existence and resilience. She describes, *"I think it was a lot of internalized oppression, a lot of shame, a lot of fear, probably left over from a majority White, gay, cisgender men organization where these discussions weren't always integrated into everything that was done within the division. There was a history of lesbian, bisexual, queer, and trans women advocating for sexism to be talked about within the division, so some intersectional work was being done."* Her awareness of positionality allowed her to understand the fear that accompanies privilege, identify its manifestation in Queer spaces, and communicate the need for Queer spaces to reflect the diversity of our communities.



Dr. Adrienne Erby,
Ohio University

The QTPoC Call to Action: A Profile of Dr. Anneliese A. Singh, PhD, LPC

By Adrienne N. Erby, PhD, LPC, NCC, Ohio University

QTPoC: “From the Margins to the Center”

Having established herself in the newly renamed ALGBTIC, Dr. Singh was nominated and elected President. As President-Elect, she began planning her initiatives, *“I knew I wanted my initiatives to be developing the Transgender Competencies and focusing on Queer People of Color. Now the way I had originally envisioned it was a QTPoC space - like with only Queer and Trans people of Color. I will never forget, we were in Charlotte, North Carolina and one of my happiest times was when I saw the Queer and Trans People of Color space on one of the marquees where they list all the ACA meetings...I was so excited because I always wanted that space as a graduate student.”* The QTPoC space was essentially designed as a counter-space within a counter-space. *“It is just so rare for Queer and Trans people of Color to have space together in counselor ed[ucation], and to pull together these parts of our ourselves. Really, this space was originally envisioned where QTPoC could knit all these parts of ourselves together instead of parsing them out. I know that when we go to AMCD and ALGBTIC, it just feels like we’re leaving big parts of ourselves behind. So that was the original idea for the space.”* Dr. Singh describes knowing the group would be small at first and anticipating its future, *“I knew that to have it on the program to have it listed, meant everything, even if it was small because I knew it would build. It would signal to a new generation that, “Hey your QTPoC identities are valuable. You have a space, and this is your space.”*

As a predecessor in ALGBTIC had done in developing the multicultural consultant role, Dr. Singh developed a singular space for QTPoC voices and experiences. While QPoC has regularly included White Queer, trans, and heterosexual attendees, it is essential that we create spaces for our similar and different work as QTPoC and allies. I asked Dr. Singh what she sees as the next task of QTPoC. Her response was, *“If there was a wish I would have for that space, it would be that it returns to the roots of being QTPoC-only, for people of color who have questioning identities, and if there needs to be a liaison space to those who are not people of color, that maybe a different space is established, and White leaders can listen. Or even better, within the division, if White folks could get together do White privilege work as an affinity group, and then be able to check in with AMCD to make sure they are being accountable in racial justice work! To me, that would be more helpful.”* As she specified, *“ACA is historically White; it’s not predominantly White, it is historically White. It was built that way.”* As obvious as it seems, to change to the structure, structural change to the profession must occur. This requires integration of the newly revised Multicultural and Social Justice Counseling Competencies (Ratts, Singh, Nassar-McMillan, Butler, & McCullough, 2016) at all levels counseling students, practitioners, educators and supervision. She is currently co-editing a special issue for the *Journal of Counseling and Development* focused on application of the new competencies. Dr. Singh also suggests the need for affinity groups and counter-spaces for mentoring and leadership pipelines for Queer and Trans people of Color in counseling and counselor education.

Systemic Change: “It Takes More Than a Rainbow Sticker!”

To reference one of Dr. Singh’s (2010) book chapters, it takes more than a symbol of solidarity to be an advocate. Throughout

my conversation with Dr. Singh, the theme I hear is “do more.” Rather than being satisfied with the progress of LGB communities made by past leaders, the call to “do more” is evident in moving ALGBTIC to ALGBTIC. Beyond just advocating strongly for “adding the T,” she set in motion the ALGBTIC Transgender Competencies and created space for Queer and Trans people of Color. During our interview, I described Dr. Singh a Counselor-Advocate-Scholar (CAS), referencing Ratts and Pedersen’s (2014) model in which they describe the symbiotic relationship between counseling, advocacy, and scholarship in multicultural and socially just counseling practice. Dr. Singh is the epitome of this paradigm as a community organizer, licensed professional counselor, and counselor educator. In addition to her advocacy in ALGBTIC and the community, Dr. Singh has an extensive record of scholarship, including articles, books and book chapters centering QTPoC narratives, realities and identities. Collectively, her scholarship, service, advocacy in the profession and in the community echo, “do more.”

Dr. Adrienne N. Erby, LPC, NCC is an Assistant Professor at Ohio University. She currently serves as Professional Trustee for Multicultural and Social Justice Concerns and Queer People of Color (QPoC) committee chair. She has been a member of ALGBTIC since 2011 and a QPoC committee member of since 2015. For more information and ways to get involved, please contact erby@ohio.edu.

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Journal of Counseling Sexology & Sexual Wellness

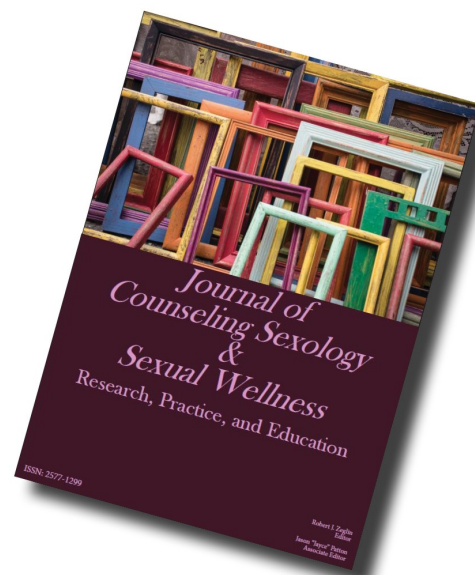


Call for Manuscripts

The Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education (ISSN: 2577-1299) is a new national peer-reviewed journal seeking to promote sexual wellness in the clients and communities counselors serve through a positive approach to sexuality and sexual rights. The journal publishes empirical research using rigorous quantitative and qualitative methods, best practices, descriptive and critical theory analyses, case studies, and current trends and issues focused on sexual wellness at all stages of life. Manuscripts should be of interest to professional counselors including clinical mental health, school, rehabilitation, and addictions counselors as well as to other helping professionals who work in a variety of mental and sexual health settings.

JCSSW Highlights

- Each published article will receive a doi for reference
- Each manuscript undergoes double-blind review by at least 2 editorial board members
- Initial decisions made within 90 days
- 2 Issues per year: Spring & Fall
- Student authorship is encouraged
- Case studies and critical theoretical analyses are welcomed



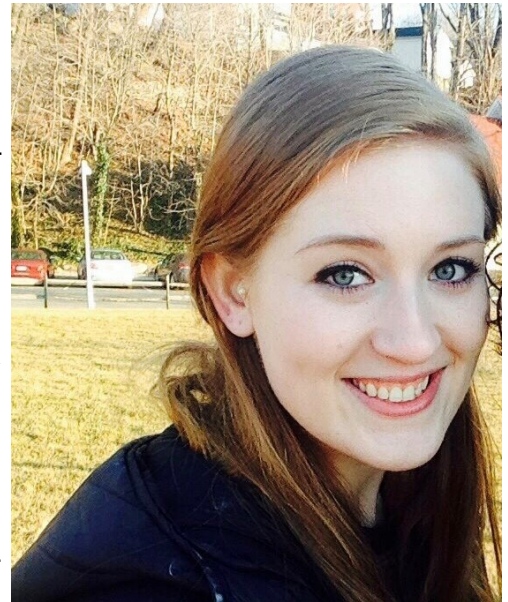
For manuscript submission guidelines and to submit a paper, visit <https://digitalcommons.unf.edu/jcssw/>
For questions, contact Robert Zeglin, Editor, at r.zeglin@unf.edu

Restrictive Eating Disorders in Lesbians: Combating Stereotypes and Utilizing Fresh Theoretical Perspectives for Individual and Group Counseling

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While preparing to work with clients living with restrictive eating disorders, practitioners may assume that the “usual suspects” will walk through their doors-- cisgender, heterosexual, White women. Though the aforementioned population is considered most likely to live with restrictive eating disorders including anorexia nervosa and avoidant/restrictive food intake disorder, restrictive eating disorders are not exclusive to any group. It is important to know how the lesbian community may experience restrictive eating disorders in a unique way so that we as practitioners are best able to assist. Research on eating disorders among lesbian women includes conflicting conclusions about the likelihood and eating disorder etiology, as well as the persistence of stereotypes about lesbian bodies and a perceived absence of concern about societal beauty standards (Jones & Malson, 2013, pp. 3-4).



Individuals identifying with the lesbian community are more likely to develop binge-eating disorders than heterosexual women, which is believed to be due to high levels of minority stress, social anxiety, and body shame (Mason and Lewis, 2016). Because heterosexual women are more likely to develop restrictive eating disorders than lesbian women and lesbian women are more likely to develop binge-eating disorders than heterosexual women, lesbian women with restrictive eating disorders can sometimes feel excluded from both communities. Acceptance and Commitment Therapy and Interpersonal Psychotherapy individual counseling can be utilized, as well as Cognitive Behavioral Therapy groups. Acceptance and Commitment Therapy offers a unique and refreshing perspective when working with this population.

Acceptance and Commitment Therapy (ACT)

Acceptance and Commitment Therapy focuses on allowing individuals to “observe, recognize, and accept” unwanted thoughts, feelings, and bodily sensations (Acceptance and Commitment Therapy, 2012, para. 1). ACT helps individuals to recognize that their internal experiences and behaviors are flexible in nature, and feel better connected to their true selves through value based living and the practice of mindfulness. ACT could be beneficial among lesbian women with restrictive eating disorders as it would provide avenues to be in tune with potential intersecting internalized sexism and homophobia, focus on values and goals, and discover alternative coping skills to combat urges to restrict. Additionally, ACT could assist the client in becoming more psychologically flexible which might include adjusting to a new body/body image during the recovery process, and remembering what their bodies help them accomplish.

Interpersonal Psychotherapy (IPT)

Interpersonal Psychotherapy focuses on the ways in which interpersonal relationships affect an individual’s mental health, and “altering an individual’s interpersonal behavior by encouraging adaptation to interpersonal circumstances” (Interpersonal Psychotherapy, 2012, para. 3). IPT is typically short-term, and practitioners help clients manage tension, relationship roles, and anxiety that lead to restrictive eating, as self-esteem is frequently associated with interpersonal relations. Lesbian women often face criticism from their families and communities for existing as both women and members of the LGBTQ communities, sometimes resulting in fractured relationships and disordered eating as a coping mechanism. Our goal as practitioners would be to help the client learn how to navigate through negative interactions in order to avoid inner turmoil and relapse.

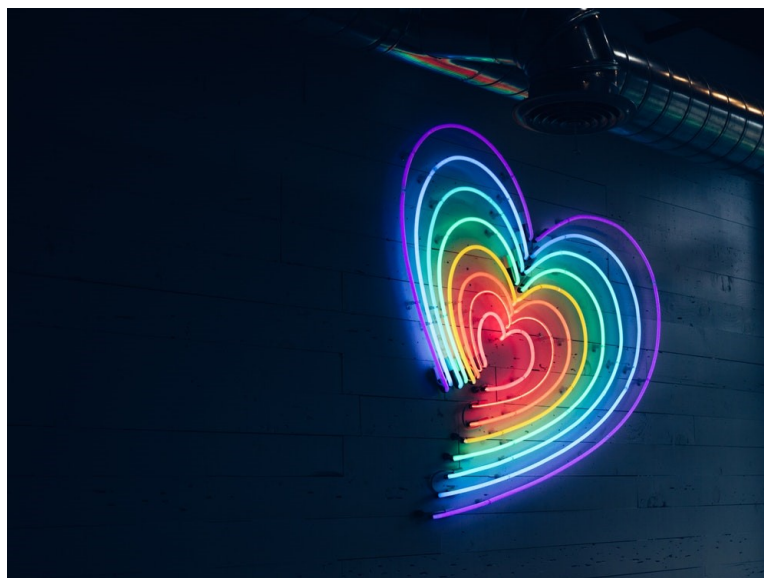
Cognitive Behavioral Therapy (CBT) Group

Cognitive Behavioral Therapy is one of the most used theoretical orientations in working with eating disorders and can become exponentially more effective within a group counseling setting. According to the Center for Eating Disorders at Sheppard Pratt (2015), CBT is based on the theory that “a person’s thoughts, emotions, and behaviors are interconnected and can be restructured to support new, healthier thoughts and actions” (para. 1). In regard to eating disorders, thoughts of perfectionism, negative body image, and obsession with weight can lead to restrictive eating behaviors. CBT strategies guide clients toward goal setting, gaining new coping skills, restructuring thoughts, and working through maintenance and relapse prevention plans. In a group setting, clients are able to help each other stick to “homework” assignments, encourage positive body image and behavior, and assist in the process of functioning healthily in “the real world” since other people do come into play during recovery. A group specific to lesbian women with restrictive eating disorders can create an environment of acceptance, community, and universality.

As practitioners, it is critical to help clients realize that they are not alone in their journey to recovery, and a CBT group for lesbian women with restrictive eating disorders is a great way to foster those thoughts. Research on the efficacy of these theoretical individual and group counseling approaches with lesbian women continues to be relevant and needed.

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Running an LGBT Group in an Alternative High School Setting

Lauren Chase, LPCA (NC), MS, NCC

*Doctoral Student in Counselor Education
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Carolina at Charlotte*

When I was told I was going to run an LGBT group this semester at an alternative high school, I have to admit that I was scared. As a cisgender heterosexual female, I feared my students would see me as uninformed or not empathetic to their struggles. I am part of the sexual identity and orientation majority, how could I understand their struggle? To moderate this worry, I consulted. I consulted with a

colleague who identifies as LGBT as well as has an expertise and is an advocate in this area. As a result of my consultation with my colleague, I came up with a variety of topics including LGBT resources in the community, identity developmental models, mental health concerns, anxiety and depression, the coming out process, trauma, HIV/ AIDS, and family and intimate partner violence. The list of LGBT resources in the community was adequate and not too surprising living in a major city. What if this was the suburbs? Would these teens feel supported in this way without the resources only an urban city would have? I felt fortunate being able to provide them with these resources and even be able to have this dialogue and run this group with them but I wondered if this were a smaller town would this be possible?

I walked into the group the first day with six eager faces greeting me so excited to have a safe space to discuss their struggles, concerns, and challenges identifying as an LGBT teenager in today's world. These six eager faces needed a safe, non-judgmental zone in order to speak of their experiences in the world. It was my job, honor, and privilege to give them this space they so needed.

The group process was extremely helpful but also comes with many struggles. Many in the group so desired room to speak they would often speak over one another and not give each other room to speak. They would get so excited, that they would run over what the other was saying to get their point across. It was so hard for me to hear that this group was the only place that they felt safe and free. Another struggle with running this group involved triggering moments. Trauma touched the lives of many of my group members and though many wanted to process the traumas they went through, it was a delicate balance to express their experience without triggering others with memories of their own trauma. In the end, the group expressed great sadness that the group was ending. "Where will we have a safe space to speak of these issues?" They asked. "Remember our conversation about advocacy," I reminded them. "You are your strongest advocate."



ALGBTIC Research Grant Call for Proposals—2018–2019

Deadline: To be considered, the submission email must be received by 11:59 p.m. EST, February 1, 2019. All submissions received by the deadline and that meet all requirements listed below will be considered.

Purpose: The purpose for this call for proposals is to fund research that supports the mission of the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), specifically,

Research to promote greater awareness and understanding of lesbian, gay, bisexual, and transgender (LGBT+) issues among members of the counseling profession and related helping occupations;

Research to improve standards and delivery of counseling services provided to LGBT+ clients and communities;

Research to identify conditions that create barriers to the human growth and development of LGBT+ clients and communities, as well as the use of counseling skills, programs, and efforts to preserve, protect, and promote such development;

Research that develops, implements, and fosters interest in counseling-related charitable, scientific, and educational programs designed to further the human growth and development of LGBT+ clients and communities;

Research to secure equality of treatment, advancement, qualifications, and status of LGBT+ members of the counseling profession and related helping occupations.

Who May Apply: Proposals from current professional and student members of ALGBTIC will be considered. Individuals may submit (or be part of a submission team) for only one proposal. ALL members of the submission team must be members of ALGBTIC.

Maximum Amount Funded: ALGBTIC has allocated \$1,000 to fund one student and one professional member – each will receive \$500 for research projects.

****For 2018–2019, an additional \$500 award will be given to an ALGBTIC member who is interested in conducting research related to bisexuality, queer and trans* people of color (QTPOC), and sexual assault impacting LGBT+ persons. Persons submitting grants in these areas will be considered separately from the general research grant categories for professionals and student members.**

Proposal Format: Proposals must adhere to each of the following requirements to be considered:

Submit proposal to Laura Farmer, lbfarmer@vt.edu, by 11:59 p.m. EST, February 1, 2019;

Email only, no paper or faxed proposals considered;

Email subject line: ALGBTIC RESEARCH GRANT PROPOSAL;

Attachment 1—Completed application form (copy page 3 of this document);

Attachment 2—Blind copy of proposal (if any included information may be used to identify an applicant by name or location, application will be disqualified);

Attachment 3—Copy of proposal including name(s) of applicant(s);

Additional attachments will not be reviewed.

Proposal:

Microsoft Word document only; other file formats will not be reviewed;

12-point font, double spaced, one-inch margins;

five (5) pages maximum, not including application form or references;

No title page; only the first five pages of a proposal will be reviewed.

Recommended outline for proposal:

Rationale, including brief literature review;

Methodology;

Ethical considerations;

Budget, including any other funding for the research (source and amount);

Plan for dissemination;

References.

ALGBTIC Research Grant Call for Proposals—2018-2019 (Cont'd)

Conditions of Award Acceptance:

Funds may not be used for time compensation (including GA work) unless employee is provided with an IRS Form 1099 so that payment may be taxed appropriately.

Funds may be used for time such as transcription or statistical consultation if receipts are provided. Primary researcher must maintain copies of receipts and make them available to ALGBTIC upon request.

The proposed project may not be completed prior to grant being awarded.

Within 24 months of the grant being awarded, the researcher(s) is required to submit to ALGBTIC a copy of either a proposal to present results at the ALGBTIC National Conference (as poster or education session), ACA World Conference (as poster or education session), or the manuscript that has been submitted to a refereed journal for publication consideration. Special preference will be provided to applicants who target the Journal of LGBT Issues in Counseling (JLGBTIC) as a potential dissemination source.

The researcher will include an acknowledgment of ALGBTIC's financial support in all reports, presentations, or publications related to the project.

Evaluation Criteria: Proposals will be evaluated by the research committee using the following criteria:

Qualifications of the researcher(s)—all research team members must be professional or student members of ALGBTIC, who are submitting only one proposal for this grant cycle. Applicant ACA ID numbers should be included in the application form and proposal title page in Attachment 3 (non-blinded information).

Quality of the proposed research

Proposed research supports the ALGBTIC mission (25 points possible)

Proposed research is relevant as evidenced by the literature review (25 points possible)

Proposed research methodology is well detailed, appropriate for the research question, meets applicable ethical standards, and follows accepted practice (25 points possible)

Proposed research is formatted correctly (APA 6th Edition), and presented in a professional manner (10 points possible)

Financial need—proposed budget is clear and itemized and meets the listed requirements for award acceptance (10 points possible)

Plan for dissemination—clear, feasible, and appropriate plan to disseminate research findings, including listed requirements for acceptance (5 points possible)

Grants Award Date: Recipients will be notified of awards by March 1, 2019.

For more information, contact Laura Farmer, lbfarmer@vt.edu, ALGBTIC Professional Trustee for Research & Scholarship.



ALGBTIC Research Grant—2018–2019 Application Form

Principal Researcher:

ACA Membership #:

Title:

Institution:

Address:

City: State: Zip:

Phone: Email:

Additional Researchers (name, ACA ID#, title, institution):

Title of Proposed Research:

All researchers listed are members of ALGBTIC (Required) yes/no?

Membership Status of Applicants: Professional or student?

This proposal is the only submission by this/these researcher(s) for the ALGBTIC grant this year (yes/no)?

Is this project supported by another funding source (yes/no)?

If yes, provide source(s) and amount(s):

Researchers are willing to comply with all conditions of an ALGBTIC award as listed in the call for proposals, including requirements for dissemination of findings and acknowledgement of ALGBTIC support (yes/no)?

Would you like this proposal to be considered for the special fund allocation (\$500) that is for projects examining one of the following subjects: bisexuality, QTPOC, and sexual assault impacting LGBT+ persons in counseling? (yes/no)



Meeting a Need, Filling a Gap

Exciting news from the Pacific Northwest! A small group of Counselor Educators and practitioners have teamed up to establish a new state chapter of ALGBTIC! Oregon ALGBTIC (OALGBTIC) is gaining traction in the community. Last January, we held an interest meeting that was well attended by a multidisciplinary group of mental health providers. The meeting produced vital information about the counseling needs providers identify when working queer clients and offered an opportunity for participants to provide feedback on the mission, direction, and purpose of our new organization.

In Solidarity,

OALGBTIC Executive Board

For more information, please contact Dr. Deanna Cor at dcor@pdx.edu



Important Reminders and Dates

American Counseling Association 2019 Conference and Expo New Orleans, Louisiana March 28-31, 2019

ALGBTIC hopes to see all of our members at Montreal's ACA Conference and Expo. Below are just some reminders to prepare you for the conference:

- Continue to check the ACA app to see event details: Any changes to event locations or times will be available.
- Check the ACA app for our ALGBTIC events, such as our QTPOC Gathering, Graduate Student Gathering, Annual Open Member Meeting, and (most importantly) our Reception and Awards. The board will also distribute more details via email message soon.
- Check the ACA Conference website (<https://www.counseling.org/conference/>) for details about travel, lodging, and registration.



Time to THRIVE

The 6th annual Time to THRIVE Conference will take place Feb. 15-17, 2019 in Anaheim, California.

This annual national conference aimed to promote safety, inclusion and well-being for LGBTQ youth is hosted by the Human Rights Campaign Foundation in partnership with the national Education Association and the American Counseling Association.

For more information: <http://timetothrive.org/>

Call for Applications: ALGBTIC Emerging Leaders

Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling 2019-2020 ALGBTIC Emerging Leaders Program

The ALGBTIC Emerging Leaders Program was implemented to provide counseling graduate students and new professionals with support for leadership development and increased involvement in ALGBTIC. Diverse opportunities for Emerging Leaders (ELs) include actively participating in ALGBTIC Executive Board meetings, serving on a committee and/or task force, connecting with the executive board, engaging in projects of interest, receiving mentorship, building professional networks, and gaining exposure to the responsibilities associated with fulfilling elected leadership positions. We seek applicants with exceptional leadership potential and dedication to serve ALGBTIC, the counseling profession, and communities served by counselors.

Three recipients will be selected as Emerging Leaders to serve during the 2019-2020 term (July 1, 2019 to June 30, 2020). Recipients must be an ALGBTIC member at the time of application submission, and status (i.e., Master's, doctoral, or new professional) should be based on student/graduation status as of February 1, 2019.

Emerging Leaders will be selected to serve for the 2019-2020 FY term (July 1, 2019 to June 30, 2020). Master's level students, doctoral level students, and new professionals will be selected as ALGBTIC Emerging Leaders. Recipients must be an ALGBTIC (national) member at the time of application and fall into the Master's, doctoral, or new professional categories. Emerging Leaders choose an area of interest within the division and receive mentoring related to that area. Emerging Leaders will provide a minimum of 25 hours of service to an ALGBTIC committee, project, or task. Emerging Leaders will also have opportunities to learn the responsibilities associated with serving in elected leadership positions within our association. They will also receive a stipend to subsidize conference registration costs for either the 2020 ACA Conference or 2020 ALGBTIC Conference.

Interested applicants should submit the following to Christian D. Chan as a single PDF document at ALGBTICemergingleaders@gmail.com no later than February 15, 2019:

- 1) The Emerging Leaders application (Word document on <http://www.algbtic.org/>)
- 2) Your Curriculum vitae
- 3) **Two** letters of support describing your leadership skills and experiences along with your value and interests with LGBT issues in counseling

The selection committee will notify applicants of the status of the application no later than March 8, 2019. If you have any questions, please contact Christian D. Chan at ALGBTICemergingleaders@gmail.com.

The ALGBTIC Newsletter is Welcoming Submissions!

Please review our guidelines for submission. We would love to hear from professional counselors, counseling students, counselor educators, and counselors working in research settings. Contribute your voice to the next ALGBTIC newsletter. Please contact Christian D. Chan, Newsletter Editor at chanchr2@isu.edu with any questions.

Guidelines for Newsletter Submissions

- All submissions must be electronic, written in Microsoft Word document formats (.doc or .docx) and included as an email attachment.
- All submissions must be in 12-pt Times New Roman font with 1" margins.
- All submissions must adhere to word limits for article category.
- All submissions must include author's name, degree(s), academic or institutional affiliation, telephone number and email address in a cover email.
- Any citations must follow APA Style Manual, 6th Edition, and language should be free of bias in accordance with APA's style guidelines.
- Any articles not adhering to #1-5 above will be returned to the author for revision before review.
- 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 – this category is for upcoming social, political or advocacy current events. Events may be local, statewide, or national in scope. Also may include synopses of current news items or media (films, art, music) that may be of interest to our readers. 500 words or less.
- State Chapter News – this category is for legislative and scope of practice updates from our state chapter leaders, and for any counseling-related or LGBT-affirmative events that the state wants to publicize. For example: rallies, benefit walks, legislative action days, etc. 500 words or less.
- Fresh off the Presses – this section highlights chapters, books, and articles (peer-reviewed or not) written by ALGBTIC members and student members. Only 3 publications per member will be included in an issue of the newsletter. Full citations, please.
- Practice Matters – this category is for practicing professional counselors, counseling interns or counseling psychologists to address topics of relevance to practitioners in agency or private practice settings. Examples include multicultural concerns, insurance involvement in client care, DSM-V impact, ethical issues. 1,000 words or less.
- Major Contribution – this category is for academic articles on the theory or practice of counseling or counselor education. Submissions welcomed from faculty, graduate students, and LGBT scholars and allies. 1,500 words or less.
- Difficult Dialogues – this category is for controversial topics of interest or discussions between professionals on two sides of an issue. For example, medically assisted hormone blockage for trans-identified children. 1,000 words or less.