

Training Issues for Counseling Psychologists Working with LGBT individuals

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Training issues related to working with Lesbian, Gay, Bisexual and Transgendered clients, specifically in the mental health field are unique. Among counseling psychology-training programs, minimal effort has been made to require courses related specifically to working with individuals of the LGBT community. Although subsequent lectures or colloquium may be provided regarding LGBT issues, formal training is often limited to a single multicultural course. Through analyzing graduate and doctoral student perspectives on multicultural and LGBT counseling, Anhalt, Morris, Scotti and Cohen (2003) found individuals who complete their formal training felt they received minimal information about working with issues related to being LGBT. Furthermore, Dworkin and Gutierrez (1989) stated that although many individual counselors are willing to treat LGBT issues, most do not have the knowledge to work with these particular clients. This poster will present information regarding the importance of providing counseling psychologists in training with accurate information about working with clients from the LGBT population.

Written in 2000, the American Psychology Association constructed sixteen guidelines to assist mental health professionals in working with the LGBT community. These guidelines allow mental health professionals and scientist-professionals alike to adhere and increase knowledge relevant to working with individuals of the LGBT community. In particular, these guidelines were utilized to reform counselors from the original conceptualization explaining homosexuality as mental illness. The use of these guidelines instills a feeling of community and awareness in clients. However, it is urged that mental health professionals do not assume that all clients who

are coming into mental health counseling are doing so because of their sexual orientation (Garnets, Hancock, Cocran, Goodchilds & Peplau, 1991).

Evidence continues to suggest homophobic reactions from mental health workers despite the reform stated previously (King and McKeown, 2003 as cited by Grove, 2009). These homophobic reactions can be explicit in the sense of outright rejection of a client based on his or her sexual orientation or use of heterosexist language (ex., when speaking with a female client, “Do you have a boyfriend or husband?”). By perpetrating homophobic and heterosexist practices, counseling psychologists potentially alienate their LGBT clients and decrease the likelihood that they will return for services. Considering that fact that LGBT individuals utilize mental health services at a proportionally higher rate than their heterosexual counterparts (Liddle, 1997; Murphy, Rawlings, and Howe, 2002) this loss can have a great impact on any practicing counseling psychologist.

Combating biases within the therapeutic relationship with LGBT clients is the linchpin for effective work with this population. It goes beyond the general understanding of tasks to perform in the room and deepens to include being able to connect with the client in a meaningful and genuine way (Grove, 2009). It also allows counseling psychologists to fully understand the client’s narrative and experiences within his or her social context.