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LGBTQIA Students' Perceptions of Level of Care in Relation to Sexual
Orientation & Gender Identity

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Abstract

Lesbian, Gay, Bisexual, Transgender, Queer/Questioning, Intersex, and Asexual (LGBTQIA) individuals are elevated risk for mental health issues and seek counseling at higher rates than Non-LGBTQIA individuals. In this study, 48 LGBTQIA students completed a survey to ascertain their perceptions on whether or not the college counseling center was a safe place to discuss issues related to sexual orientation and gender identity. Results showed that LGBTQIA did believe the counseling center was a safe place to discuss issues related to sexual orientation and gender identity but also identified that additional resources and counselor education on LGBTQIA issues could help improve the LGBTQIA students' perception of level of care at the counseling center.

Literature Review

Individuals who have a sexual or gender minority status are at an elevated risk for mental health issues (Cochran & Mays, 2009; Mental Health America, 2016; Sabin, Riskind, & Nosek, 2015; Sherriff, Hamilton, Wigmore, & Giambrone, 2011). Lesbian, gay, bisexual, transgender, queer or questioning, intersex, and asexual (LGBTQIA) individuals are particularly vulnerable to increased rates of mental health issues (Kelleher, 2009; MHA, 2016; Moe, Finnerty, Sparkman, & Yates, 2015; Sherriff et al., 2011). Mental health issues include substance use, suicide, interpersonal violence, and mental disorders including depression and anxiety (Kelleher, 2009; MHA, 2016; Moe, Finnerty, Sparkman, & Yates, 2015; Sherriff et al., 2011). LGBTQIA individuals seek mental health treatment at higher rates than Non-LGBTQIA individuals; therefore, it is important that mental health professionals are informed of effective ways to work with this population of people (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Burckell & Goldfried, 2006; Panchankis & Goldfried, 2004).

When researching the prevalence of mental health issues and the percentage of LGBTQIA individuals who seek mental health treatment, in relation to college students, this writer was not able to find adequate research. There is a gap in the research about the counseling experiences of LGBTQIA people and whether or not they feel comfortable discussing issues related to their sexual orientations or gender identities at college counseling centers. Due to limited research on this topic, this literature review will include information on LGBTQIA individuals from various settings, geographical locations, and age ranges. When discussing the studies used for this literature review, it is important to note that some groups of individuals comprising the LGBTQIA population have been studied more than others. For example, research is lacking in regards to the clinical issues and mental health needs of intersex (Jones,

2016; Leidolf, Curran, Bradford, & Bradford, 2008) and asexual individuals (Carrigan, 2011; MacInnis & Hodson, 2012; Pinto, 2014) so there may be sections of the literature review where these populations have limited research presented. Much of the past research has focused on counselors' perceptions of being prepared to work with LGBTQIA clients and not the experience of LGBTQIA individuals. This writer believes it is important to examine the experience of the clients to make sure their needs are being met.

The studies in this literature review focus on helping professionals from multiple disciplines, including mental health counselors, social workers, and psychologists. The various studies discuss clinical issues specifically related to LGBTQIA individuals and identify effective treatment strategies for working with LGBTQIA individuals. This literature review will provide background information which will help anchor my research questions. The literature review will begin by examining the prevalence and development of mental health issues for LGBTQIA individuals, the historical treatment of this population, and helping professionals' education of LGBTQIA issues. Next, the current standard of care for working with LGBTQIA individuals will be discussed before a discussion of treatment strategies that have been found effective for working with this population.

Terminology and Fluidity of LGBTQIA

LGBTQIA is a blanket term used to describe the individual groups that compose the collective population of people. The different groups represent diverse people, and this writer recognizes that the needs and issues facing each of these groups can be diverse. This writer also acknowledges that LGBTQIA does not thoroughly cover all sexual and gender identities.

Throughout this paper, variations of LGBTQIA (LG, LGB, GLB, LGBA, LGBT, LGBTQ) will

be used to represent the particular population being represented in specific research articles that were reviewed.

To ensure understanding of the terms in this paper, terms that will be used throughout the paper will be defined. Sexual orientation/identity refers to the sex that people are emotionally, physically, and intimately attracted to (American Psychological Association, 2012). Gender identity refers to one's sense of self as male, female, or transgender (APA, 2012). Goodrich and Luke (2015) provided definitions of different sexual orientations and gender identities that will be used throughout this paper. Lesbians (L) are women who are emotionally, physically, and intimately attracted to other women; Gay (G) men are men who are emotionally, physically, and intimately attracted to other men; and Bisexuals (B) are men or women who are emotionally, physically, and intimately attracted to both men and women (Goodrich & Luke, 2015).

Transgender (T) individuals are people whose gender identities do not match the sex they were assigned at birth; and Questioning (Q) individuals are exploring their sexual orientation and may be unsure or questioning the label that best fits their sexual orientation (Goodrich & Luke, 2015). Goodrich and Luke (2015) define Queer (Q) individuals as individuals who may not want to describe themselves using the aforementioned sexual orientation labels; Intersex (I) individuals as individuals who are born with the reproductive organs and sexual anatomy that does not fit typical definitions of male or female; and Asexual (A) individuals as individuals who lack sexual attraction or interest in sex. Now that terminology that will be used throughout the paper has been defined, the following section will discuss some of the specific mental health issues of LGBTQIA individuals.

Mental Health Issues of LGBTQIA Individuals

The National Alliance on Mental Illness (NAMI, 2015) reported that LGBTQ individuals are three times more likely than others to experience mental health issues. According to NAMI (2015) and Mental Health America (MHA, 2016), an estimated 20-30% of LGBTQ individuals use substances, and 25% of LGBT individuals use alcohol, compared to 9% and 5-10% of the general population. LGBT youth are four times as likely to attempt suicide, experience suicidal thoughts, and engage in self-harm when compared to heterosexual youth (MHA, 2016). Thirty-eight to sixty-five percent of transgender individuals are reported to experience suicidal ideation (MHA, 2016). Depression, low self-esteem, and substance use are disproportionately high for the Transgender population when compared to other groups in the LGBTQIA population (O'Hara, Dispenza, Brack, & Blood, 2013). When looking at these statistics, it is important also to consider that many individuals may not openly identify as being an LGBTQIA individual, which means these numbers are most likely an underrepresentation for this population.

Mental Health of College Students

According to Wright and McKinley (2011), LGBT college students are at a greater risk to experience harassment, violence, homophobia, intolerance, discrimination, and marginalization because of their sexual orientation and gender identities when compared to Non-LGBT students. Rankin (2003) conducted a study of 14 college campuses and found that 36% of the undergraduate students who participated in the study had experienced harassment within the past year, 38% had been pressured to hide their sexual orientation or gender identity, 20% were concerned for their personal safety, and 51% chose to suppress their sexual orientation or gender identity to avoid any perceived persecution. The mental health of LGBT students can be negatively impacted by the treatment they receive on campus and can result in academic underachievement and low campus participation (Wright & McKinley, 2011). Lennon and

Mistler (2010) stated that transgender students often feel less connected to campus culture and are more likely not to graduate when compared to Non-Transgender students. Jones (2016) conducted a study to research the needs of intersex students and found that 42% of the participants who responded reported they had thought about self-harm, 26% had engaged in self-harming behaviors, 60% had thought about suicide, and 19% had attempted suicide based on issues related to their experiences of being an intersex individual. With high rates of mental health issues for this population, it is necessary to explore the development and origin of many of these mental health issues.

Development of Mental Health Issues

The Office of Disease Prevention and Health Promotion (2016) posited that LGBT individuals experience mental health difficulties as a result of societal stigma, discrimination, and denial of human rights. Discrimination of LGBTQ individuals has also been linked to LGBTQ individuals isolating themselves from friends, family, and community services (Sherriff et al., 2011). Israel, Gorcheva, Burnes, and Walther (2008) suggested that experiences of social stigma and discrimination, deficits in social support, and experiences of heterosexism contribute to increased rates of psychological problems in sexual minority individuals. Meyer (2003) posited that LGBT individuals experience high levels of minority stress as a result of experiences of prejudice, expectations of rejection, the need for concealing their identities, and internalized homophobia. Kelleher's (2009) study also supported the concept that minority stressors were shown to significantly predict negative mental health outcomes for LGBTQ individuals.

Cochran and Mays (2009) found evidence that high levels of sexual minority related stigma were associated with increased risks for distress, depression, and anxiety disorders.

Victor and Nel (2016) conducted a study of sexual minority individuals' experiences of

counseling and reported that, internationally, there is a consensus that prejudice and discrimination have adverse effects on LGB individuals. In addition to the issues previously discussed, Victor and Nel (2016) state that LGB individuals may experience fragmented identities, living a double life, social isolation, rejection, powerlessness, and violence. Gender, race, socioeconomic status, employment status, education level, and familial resistance may also have negative impacts on mental health and should be considered when working with LGB individuals (Victor & Nel, 2016).

O'Hara et al. (2013) suggested transgender individuals face numerous challenges of oppression, invisibility, lack of legal protection, and confusion regarding transgender identities, which can lead to high rates of mental health issues. Jones' (2016) study of intersex individuals found that 34% of the participants who responded reported having overall negative experiences of their education. Forty-three percent of the respondents reported having been bullied during their educational experiences based on being an intersex individual. Bullying varied from verbal assault to physical violence by both students and staff. Leidolf et al.'s (2008) study of mental health and support systems for intersex individuals found that as intersex children matured they were likely to experience psychological stress due to confusion about their gender identities, emotional distress from the medical treatments they experienced, and lack of disclosure the individuals received from their parents in regards to being an intersex individual.

Intersex individuals may also experience mental health issues related to the medical condition of being intersex. Slijper, Drop, Molenaar, & Sabine (1998) conducted a study on the long-term psychological evaluations of intersex children and found that 39% of the 59 participants experienced psychological distress despite having sex reassignment surgeries. This study suggested that issues related to one's gender identity can have negative impacts on the

mental health of the individual and discussed how sex reassignment surgery does not always alleviate mental health issues related to gender role behavior. Slijper et al.'s (1998) study suggested that early counseling appeared to have a positive effect on decreasing mental health issues for intersex individuals.

Asexuality is the most under-researched and misunderstood sexual minority populations (Carrigan, 2011; Pinto, 2014). Although there are few statistics available on the prevalence of mental health issues for asexual individuals, research has helped shed light on issues commonly faced by asexual individuals. Stigma, mockery, and harassment about being an asexual individual are issues faced by this population by both dominant and other sexual minority populations (MacInnis & Hodson, 2012). MacInnis and Hodson (2012) conducted a study that found that asexual individuals were more likely to experience prejudice than other sexual minority populations, especially when considering the bias and prejudice between members of the LGBQA population. Pinto (2014) identified stress related to identity development of asexual individuals as being a factor related to mental health issues for this population. Research suggests that one in 10 persons who identify as asexual will experience identity-related issues which will effect their mental health (Pinto, 2014).

The chronic stress experienced by sexual and gender minority individuals may be linked to higher rates of mental health services utilization when compared to sexual and gender majority individuals (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Burckell & Goldfried, 2006; Panchankis & Goldfried, 2004). Researchers Grella, Cochran, Greenwell, and Mays (2011) found that lesbian, gay, and bisexual individuals were twice as likely to seek mental health treatment compared to their heterosexual counterparts. The researchers collected data on 2,074 individuals and found that 48.5% of lesbian, gay, and bisexual participants reported

receiving treatment in the past twelve months compared to 22.5% of heterosexual participants (Grella et al., 2009).

Sexual and gender minority individuals may be resistant to seeking mental health services because of past experiences of discrimination and stigmatization from medical and mental health systems. When working with LGBTQIA individuals, it is important to be cognizant of the historical treatment of this population. Counselors are in a unique position to serve as allies and advocates to the LGBTQ population by providing culturally sensitive services when working with LGBTQ clients (Troutman & Packer-Williams, 2014).

Historical Treatment of LGBTQIA Individuals

LGB individuals have been historically subjected to inadequate and psychologically harmful mental health treatment (Burckell & Goldfried, 2006). It was not until 1973 that homosexuality was removed from the Diagnostic and Statistical Manual of Mental Disorders (DSM) as a mental health disorder (Bennett & Douglas, 2013; Johnson, 2012). Shidlo and Schroeder (2002) conducted a study of 202 sexual minority individuals and concluded that the vast majority of individuals reported lasting harm from the therapy, including increased negative perceptions of homosexuality and depressed moods. Asexuality has historically been viewed as a pathological symptom or a pathology itself (MacInnis & Hodson, 2012), and is still in the Diagnostic and Statistical Manual of Mental Disorders (American Psychological Association, 2013) as a mental health disorder for men and women (Pinto 2014). Although asexuality is more operationalized as a category of sexual orientation within the normal range of sexual functioning (MacInnis & Hodson, 2012), it is still important for mental health professionals to remember that not all instances of a lack of sexual desire or sexual contact are related to pathology (Pinto, 2014).

Individuals struggling with gender identity issues have also experienced negative experiences with the medical and mental health professions. Transgender individuals have experienced misunderstanding, mistreatment, and marginalization from mental health professionals (O'Hara et al., 2013). O'Hara et al. (2013) reported that many mental health textbooks, diagnostic assessments, research perspectives, and counseling interventions still consider transgender individuals to be mentally ill or pathological. Medical and mental health professionals have typically been viewed as gatekeepers and regulators of the gender transition process, which has caused some distrust and suspicion from transgender individuals because being transgender has been historically pathologized (Carrol, Gilroy, & Ryan, 2002). Being intersex has historically been addressed from more of a medical perspective than a mental health perspective, which results in many intersex individuals not receiving adequate mental health treatment (Leidolf et al., 2008). Leidolf et al.'s (2008) conducted a study of pediatric medical programs that provide support for intersex individuals and found that 69% of the programs in the study offered mental health support, but only 19% of the families received support during the diagnosis, and only 15% of the intersex patients received support after diagnosis.

Although social changes have led to increased acceptance of LGBTQIA individuals (Moe et al., 2015), the stigma associated with being an LGBTQIA person may still prevent some individuals from disclosing their sexual orientations or gender identities to their mental health providers (Sabin, Riskind, & Nosek, 2015; Jones, 2016). Sherriff et al. (2011), suggest that LGBTQ individuals may fail to access mental health services because of negative experiences of discrimination from mental health professionals in the past. In addition to the historical negative treatment of LGBTQIA individuals, research has also suggested that mental health professionals may not always feel adequately prepared to deal with issues related to sexual orientation and

gender identity (Jones, 2016; O'Hara et al., 2013; Owen-Pugh & Baines, 2014; Sherriff et al., 2011, Troutman & Packer-Williams, 2014), which can hinder the treatment of this population.

Helping Professionals' Education on LGBTQIA Issues

Historically, most behavioral health graduate level programs have not included a comprehensive curriculum of educational information on LGBT issues (Johnson, 2012; Owen-Pugh & Baines, 2014; Walker & Prince, 2010). Burckell and Goldfried (2006) investigated therapist qualities preferred by sexual minority individuals. They found that a significant portion of the mental health professionals in the study, reported that their graduate training programs did not educate them about sexual minority issues and stated that they often feel unprepared to work with sexual minority clients.

Alessi (2013) referenced a study on LGBT issues in social work and reported that only 41% of the social work program directors thought their programs trained students "slightly well" to "not at all well" about working competently with LGBT individuals. Comparable data to Counselor Education Programs was not found in the research. However, a study done by Owen-Pugh and Baines (2014) suggested that time constraints on counselor training programs may require the programs to discuss issues of diversity in more general terms rather than focusing on specific groups.

Since the 1970's the treatment of LGB individuals has significantly increased, but there is still little empirical research on what constitutes effective psychotherapy when working with LGB individuals (Johnson, 2012). Although issues related to gender identity are becoming more publicized, there is little educational research and training guidelines to address working with transgender Carroll et al., 2002), intersex (Jones, 2016; Leidolf et al., 2008), and asexual

individuals (Pinto, 2014). The following section will discuss the current standard of care and counselor competencies that are expected when working with LGBTQIA individuals.

Current Standard of Care

According to the American Psychological Association Task Force (2009), the current standard of care when working with gender and sexually diverse clients are to adopt an open and affirming approach. Implementation of the standard of care mentioned above is practiced and supported by creating safe and affirming environments where sexual and gender minority clients can explore their gender and diverse sexuality needs (Moe et al., 2015).

An Affirmative Approach to Counseling

An affirmative approach to working with sexual minority clients assumes that LGB individuals have the internal resources to handle their problems and postulates that it is important for clinicians to acknowledge the influence society, discrimination, and significant others have on LGB individuals (Victor & Nel, 2016). For sexual minority individuals, an affirmative approach recognizes and seeks to understand the effects discrimination, rejection, concealment of identity, and internalized homophobia have had on the individual's development (Meyer, 2003). When working with an LGB individual from an affirmative approach, the mental health professional should encourage clients to establish a support system, help clients become aware of how oppression has affected them, desensitize the shame and guilt around being an LGB individual, and allow clients to express their anger in response to being oppressed (Pachankis & Goldfried, 2013). Lebolt's (1999) phenomenological study confirmed that an affirmative approach to counseling sexual minority clients helps counteract societal influences of homophobia on an individual's development as well as provides a way of healing familial and societal wounds and developing a stronger sense of self.

An affirming approach with transgender clients has been found to alleviate the shame, isolation, and secrecy that occur when a person tries to pass for the desired gender (Carrol, Gilroy, & Ryan, 2002). A trans-affirmative approach to counseling affirms transgender persons, educates others on transgender issues, and advocates for political, social, and economic rights of this population (Carrol et al., 2002). Carrol et al. (2002) believe that it is essential that helping professionals have adequate knowledge about local, regional, and national support networks so that they can connect transgender clients with a support network. Israel et al. (2008), state that safe access to qualified, competent, and affirming counselors is a major factor in meeting the wellness, developmental, and mental health needs of sexual and gender minority clients.

Counselor Competencies

Multiple disciplines of helping professionals have created guidelines and competencies for mental health counselors, social workers, and psychologists to follow when working with LGBTQIA individuals. The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), an American Counseling Association (ACA) division, has created a set of competencies for working with Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals (Association for Lesbian, Gay, Bisexual, Transgender, Issues in Counseling, 2013) as well as a set of competencies for working with Transgender individuals (American Counseling Association, 2010). The American Psychological Association (2012) also created guidelines for psychological practice with Lesbian, Gay, and Bisexual clients to help provide a framework for the treatment of LGB individuals receiving mental health treatment from psychologists.

ALGBTIC created a set of competencies to help counseling professionals to create safe, supportive, and caring relationships with LGBTQIA clients, groups, and members of the

community (ALGBTIC LGBQQA Competencies Taskforce, 2013). The goal of the set of competencies is to help LGBQQA clients, groups, and communities to foster self-acceptance as well as increase personal, social, emotional, and relational development (ALGBTIC LGBQQA Competencies Taskforce, 2013). The American Counseling Association published a set of competencies for professional counselors to abide by when working with transgender individuals. Similar to the competencies for Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals, this set of competencies is based on a wellness, resilience, and strength based approach (ACA, 2010). The American Psychological Association developed a set of guidelines to help guide psychologists when working with sexual minority clients. The set of guidelines provides a frame of reference for the treatment of sexual minority individuals as well essential information in the areas of assessment, intervention, identity, relationships, diversity, education, training, and research (APA, 2012). Each guideline provides the rationale behind the guideline as well as how psychologists can apply the guideline to their practices.

The three sets of competencies and guidelines just discussed aim to help improve the effectiveness of mental health professionals working with the LGBTQIA population. The competencies strive to increase mental health professionals' self-awareness of biases and how those biases may affect the work the professional does with an LGBTQIA client. The competencies also increase knowledge of issues faced by LGBTQIA individuals and how those issues may be affecting the clients being served.

Identity Development Issues in LGBTQIA Individuals

Many issues LGBTQIA clients present in counseling will be similar to Non-LGBTQIA clients; however, there are some issues that are unique to being part of a minority population. Being knowledgeable about a sexual or gender minority individual's identity development will

help clinicians better understand the LGBTQIA individual's experience and how their development may be influencing the individual's presenting issues.

Pachankis and Goldfried (2013) describe identity development as the sexual minority individual's process of acquiring an LGB identity and the additional lifelong efforts required to maintain a positive identity as a sexual minority individual. No matter what stage of identity development the individual is in, it is unique to the individual, and each may experience the stage differently (Johnson, 2013). Lev (2007) reminds mental health professionals that it is important for the individual's experience to be normalized as the individual becomes aware and acknowledges their sexual or gender identities. When working with transgender individuals, it is important to remember that the gender identity of the individual does not match their assigned birth gender and the individual may not conform to the binary classification of male and female (Lennon & Mistler, 2010).

Allowing the client to label their sexual or gender identities can help prevent mental health professionals from inappropriately labeling the individual and allow for disclosure when the person is ready (Moe et al., 2015). Empowering LGBTQIA individuals to navigate their disclosures of identity development is considered a best practice in counseling (ALGBTIC, 2010). Deciding whether or not to disclose their sexual or gender identities and with whom is an important decision for LGBTQIA individuals. It is important for mental health professionals to help their clients to assess who the client feels safe disclosing to and when is the appropriate time (Pachankis & Goldfried, 2013).

Counselor awareness of issues related to identity development can help counselors to provide affirmative counseling when working with LGBTQIA individuals. In addition to counselor knowledge about LGBTQIA specific issues, research has shown that there are certain

characteristics of the counselor and therapeutic relationship that help create a safe environment for LGBTQIA individuals to discuss issues related to sexual orientation and gender identity in counseling.

Counselor and Therapeutic Relationship Characteristics

Studies have shown that counselor characteristics and factors related to the therapeutic relationship have a strong impact on the level of satisfaction LGBTQIA individuals experience in counseling (Bennett & Douglas, 2013; Burckell & Goldfried, 2006; Camarena & Rutter, 2015; Israel et al., 2008; Lebolt, 1999; Victor & Nel, 2016). Lebolt (1999) conducted a phenomenological study that identified personal and professional characteristics of therapists that led to affirmative counseling of LGB individuals. Personal qualities of the therapist that led to positive experiences of LGB clients included, the therapist being authentic, comfortable with themselves, kind, sensitive, concerned, and friendly (Lebolt, 1999). Professional qualities of the therapist include the therapist being nonjudgmental, open, accepting, curious, emotionally supportive, and validating of the LGB individual's experiences (Lebolt, 1999). In regards to specific issues faced by LGB individuals, Lebolt (1999) identified several things therapists did that LGB individuals found helpful in the counseling relationship. Counselors who were accepting of the LGB person, who affirmed the individual's need for non-heterosexual relationships, who appeared comfortable with sexuality in general, who normalized the individual's experiences, and who facilitated the individual's coming out process were found to be desired by LGB individuals (Lebolt, 1999).

Victor and Nel (2016) conducted in-depth interviews with 15 LGB individuals and identified factors that led to either positive or negative experiences in counseling. Positive experiences in counseling were attributed to both counselor qualities and affirmation of the

individual's sexual orientation. Positive qualities of the counselor included total acceptance from the counselor, the counselor being non-judgmental, the counselor being a good listener, and the counselor providing unconditional positive regard for the client (Victor & Nel, 2016). In relation to the counselor's affirmation of the individual's sexual orientation, positive experiences of the client were represented when counselors normalized same-sex attractions, feelings, and behaviors; when counselors addressed internalized homophobia; when counselors accepted a curious stance; and when counselors accepted sexual orientation as only one aspect of the therapeutic experience (Victor & Nel, 2016).

Negative experiences with counseling were attributed to times when counselors viewed the client's sexual orientation as abnormal; viewed sexual orientation as a dichotomy rather than affirming the fluidity of sexuality; supported heterosexist and myths about LGB individuals; failed to realize that LGB youth face different developmental issues than Non-LGB youth; and viewed the individual's presenting issues as always being related to the individual's sexual orientation (Victor & Nel, 2016).

Israel et al. (2008) conducted a study to identify helpful and unhelpful therapy experiences of LGBT individuals and reported qualities of the therapeutic relationship and therapeutic interventions that LGBT individuals found effective in counseling. Qualities of the therapist and therapeutic relationship that led to positive experiences of counseling included the client perceiving the therapist as being warm, respectful, trustworthy, and caring; the therapist being knowledgeable and affirming of the client's sexual orientation and/or gender identity; and the therapist respecting the client's right to decide when and who to come out to (Israel et al., 2008).

Therapeutic interventions that were found helpful included interventions that were structured; interventions that helped clients to gain insight, alleviate symptoms, and identify coping skills; and interventions that only addressed sexual orientation and gender identity issues when they were relevant to the client's presenting issue (Israel et al., 2008). Unhelpful situations in counseling included times when clients perceived the therapist as being cold, disrespectful, uncaring, and disengaged; times when therapists imposed their values, judgments, or decision on clients; and times when therapists focused on sexual orientation and gender identity issues when they were not relevant to the client's presenting issue (Israel et al., 2008).

Burckell and Goldfried (2006) conducted a study to investigate the therapist characteristics that sexual minority clients felt were important about the presenting issue being related to sexual orientation. The study included 42 non-heterosexual adults and used a questionnaire and Q- Card Sort to obtain information from the participants. Therapist characteristics that were identified as essential to effective counseling included the therapist having knowledge about sexual orientation, the therapist being LGB affirming, and the therapist's ability to create a therapeutic alliance with the client (Burckell & Goldfried, 2006). Therapist characteristics that were found ineffective when working with LGB individuals included the therapist's lack of understanding of LGB individuals and issues, the therapist's overemphasis on the individual's sexual orientation, and the therapist's use of heterocentric language (Burckell & Goldfried, 2006).

The literature review provided the background to anchor the following research questions: 1. Are LGBTQIA students attending counseling specifically to discuss issues related to sexual orientation and gender identity? 2. How comfortable are LGBTQIA students discussing issues related to sexual orientation and gender identity in counseling? 3. What factors

contributed to LGBTQIA students being willing to discuss issues related to sexual orientation and gender identity in counseling? 4. What factors hindered LGBTQIA students from discussing issues related to sexual orientation and gender identity in counseling? To ensure common terminology is understood in this literature review, the following section will discuss frequently used terms relating to sexual orientation, gender identity, and the LGBTQIA population.

Method

Participants

Participants in this study were college students who attended college at a state university in Upstate New York. Participants had completed at least one appointment at the college counseling center between the Fall of 2015 and February 2017. Eighty-six students started the survey but only 61 completed the survey. Of the 61 surveys completed, 13 surveys were excluded from the study because the participants identified as being straight and cisgender. Of the remaining 48 participants in the study, the participants' sexual orientations and gender identities were as follows:

Sexual Orientation/Gender Identity	Number of Participants
Lesbian/Female	8
Lesbian/Gender Fluid	1
Lesbian/Trans Female	1
Gay/Male	7
Gay/Female	1
Gay/Trans Male	1
Bisexual/Female	12
Bisexual/Male	2

Bisexual/Questioning	1
Queer/Other (Nadleehi- 2 Spirited)	1
Asexual/Gender Fluid	1
Asexual/Male	1
Pansexual/Female	1
Pansexual/Trans Male	1
Other (unspecified)/Male	1
2 or more sexual orientations or gender identities	8

Materials

The researcher for this study created a survey based on the research questions and research found in the literature review. The survey consisted of 13 questions that inquired about the students' perceptions of whether or not the Counseling Center is a safe place to discuss sexual orientation and gender identity issues and the factors that contributed to these perceptions. The format of the survey consisted of 12 questions that asked the participant to select the answers that related to their experiences or beliefs and one open-ended question that asked for suggestions to help make the Counseling Center a more comfortable and safe place to discuss issues related to sexual orientation and gender identity.

Procedure

The Hazen Counseling Center provided an email list of 1,164 students who had appointments between August 2015 and February 2017, and sent out the description of the study and link to the survey on the researcher's behalf. The surveys were completed using the Qualtrics Software provided by The College at Brockport. Participants were asked to complete the survey within one week. A reminder email was sent to participants who had not completed the survey one week and three weeks after the original email was sent. Participants were advised that they could skip any question they wanted to and also could choose not to participate in the study at

any time. After 30 days, the survey was closed and the researcher received the data from the survey through Qualtrics.

Results

Thirty days after the initial email was sent out to participants, the survey was closed and the results were calculated using the Qualtrics software. Qualtrics provided descriptive statistics for the Likert scale questions and percentages for questions where participants could select more than one option.

The researcher used thematic coding to identify the results from the one open ended question in the survey. The survey results are as follows:

Likert Scale Questions

The survey include the following four Likert scale statements:

1. "Issues related to my sexual orientation and/or gender identity brought me to seek counseling at The Hazen Counseling Center."
2. "I believe the Counseling Center is a safe place to discuss issues related to my sexual orientation and/or gender identity."
3. "My counselor openly discussed issues about sexual orientation and/or gender identity."
4. "My counselor did not assume that issues related to my sexual orientation and/or gender identity were the reason for me seeking counseling."

The descriptive statistics analysis of the four Likert scale statements are demonstrated in Table 1.

	N	Mean	Std. Deviation	Variance
Question 1	48	3.15	1.27	1.62
Question 2	48	1.52	0.71	0.50
Question 3	48	2.08	1.04	1.08
Question 4	48	1.88	0.88	0.78

Table 1 (1-Strongly Agree, 2-Agree, 3-Neutral, 4-Disagree, 5-Strongly Disagree)

Multiple Option Questions

The following tables show the results of the questions which allowed the participant to select any answer that described his or her experiences, thoughts, or perceptions. The tables show the number (N) of participants who selected the particular response as well as the percentage of total number of participants that selected that answer.

“If you believe that the Counseling Center is a safe place to discuss issues related to your sexual orientation and/or gender identity, please indicate the factors that contribute to this belief.”	N	Percent of Total N
My counselor was nonjudgmental	45	95.74%
My counselor was empathic	39	82.98%
My counselor understands that there is a difference between sexual identity and gender identity	28	59.57%
My counselor asked what pronoun I prefer to use	22	46.81%
My counselor connected me to campus/community resources for support	14	29.79%
My counselor did not pressure me to come out to anyone or discuss issues related to my gender identity until I was ready	32	68.09%
My counselor was knowledgeable about sexual and/or gender identity issues	25	53.19%
My counselor taught me coping skills to use outside of counseling	25	53.19%
My counselor discussed issues of heterosexism and internalized homophobia	14	29.79%
My Counselor acknowledged and discussed the effects of being an oppressed population	15	31.91%
Other- <i>“My counselor seemed to reflect a lot with me as this person realized that I am a person with awareness that vary on different levels correlating with my emotional experience.”</i>	1	2.13%

Table 2

Total N=47

“If you do not believe the Counseling Center is a safe place to discuss issues related to your sexual orientation and/or gender identity, please indicate the factors that contribute to this belief:”	N	Percent of Total N
My counselor failed to recognize that I was not heterosexual	1	25.00%
My counselor did not use the correct pronoun for my identified gender	0	0.00%

My counselor assumed that my sexual or gender identity was the reason for me coming to counseling	1	25.00%
My counselor imposed his or her personal values and judgments about sexual or gender identity	1	25.00%
My counselor focused on my sexual and/or gender identity when it was not relevant to my issue	0	0.00%
My counselor did not seem comfortable talking about issues related to sexual and gender identity	0	0.00%
My counselor did not seem to understand the ways in which my sexual or gender identity impacts my relationships with my family and others	2	50.00%
Other- <i>“My counselor was not well informed about my specific identities (which I understand are uncommon), and I seemed to have to teach more than I was able to get help with any issues I was having. I feel that my counselor was also looking for reasons WHY I might be trans, instead of HOW I might be trans.”</i> <i>“I was encouraged to go to an ‘LGBT’ clinic to have my issues addressed instead of the Hazen Center helping me.”</i> <i>“My counselor just didn't have the resources available to treat me in any fashion beyond referring me to specialists I couldn't afford.”</i>	3	75.00%

Table 3 Total N= 4

“What resources would you like to see the Counseling Center offer in regards to the topics of sexual orientation and gender identity?”	N	Percent of Total N
Group Counseling	28	65.12%
Psychoeducational programs about sexual orientation	26	60.47%
Psychoeducational programs about gender identity	25	58.14%
Resources for LGBTQIA students made available on the Counseling Center Website	32	74.42%
Other- <i>“Specific support groups such as trans support group- not necessarily group counseling, but as a community resource.”</i> <i>“Psychoeducational programs about looking at oneself as a whole person.”</i> <i>“Psychoeducational program about how one navigates relationship(s) around their gender identity and/or sexual identity.”</i> <i>“Training for the staff regarding listening to clients and not assuming gender/sexual orientation issues are the priority when a client comes in that falls into that group.”</i>	4	9.30%

Table 4 Total N= 43

“If the Counseling Center offered group counseling in regards to sexual orientation and gender identity would you participate?”	N	Percent of Total N
Yes	22	45.83%
No	15	31.25%
Undecided	11	22.92%

Table 5 Total N=48

“If you would be willing to participate in group counseling, what types of groups would you be interested in participating in?”	N	Percent of Total N
Coming out issues	17	51.52%
Support group for sexual orientation issues	30	90.91%
Support group for gender identity issues	14	42.42%
Other	0	0.00%

Table 6 Total N= 33

The majority of participants in the study reported that they believe the Counseling Center is a safe place to discuss issues related to sexual orientation and gender identity. Counselor characteristics of being non-judgmental and empathic were cited as the most prevalent factors that contributed to participants feeling safe to discuss these issues. More than half of the participants believed that the counselors were knowledgeable about sexual orientation and gender identity issues. Counselors acknowledging and discussing the issues of heterosexism, internalized homophobia, and the effects of being an oppressed population were among the factors that were least reported by participants.

Participants who did not feel safe discussing these issues attributed it to counselors imposing their personal values and judgments; counselors not understanding how sexual orientation and gender identity impacts the individual's relationships; counselors not being able to make suitable referrals and recommendations; and counselors assuming that the individual's sexual orientation or gender identity was the reason for counseling.

Participants reported that they would like more resources to be made available by the counseling center in regards to issues related to sexual orientation and gender identity. Resources for LGBTQIA students on the counseling center website was identified as the most desired resource, followed by, group counseling and psychoeducational programs on sexual orientation and gender identity. A support group for sexual orientation issues was found to be the most desired group identified for group counseling. Although participants stated that they would like to have group counseling made available for issues related to sexual orientation and gender identity, less than half who responded reported that they would attend the group counseling.

Open-ended Question

Seven participants responded to the open ended question, "What suggestions, if any, do you have for the Counseling Center to make it a more comfortable and safe place to discuss issues related to your sexual orientation or gender identity." From the seven response, two prominent themes were derived using thematic coding: Education/Training of Counselors and Resources for LGBTQIA students.

Education/Training of Counselors. Participants reported they believe counselors at the Counseling Center should be educated on the different types of identity, specifically in relation to gender. Participants described that there are many identities in which a person may identify and some are less known than others, but it is important for the counselors to be aware of the variations so that they can adequately help the student. It was suggested that counselors "openly and honestly discuss together and/or with a profession their own inquiries and biases when working with an individual who wishes to discuss their sexual identity and/or gender identity."

Resources. Participants stated that they would like to see more resources for LGBTQIA students made available by the Counseling Center. Resources included, "having openly gay counselors," "having posters or information pamphlets about different identities," and "finding resources to help me transition, beyond pointing me to people I literally cannot afford to see." The resources that were identified by participants appeared to be more related to issues of gender identity than sexual orientation, which also was reflected in the education/training of counselors previously discussed.

Discussion

The results from this study reflect the concepts identified in the literature review about what makes an LGBTQIA individual feel safe or unsafe to discuss issues related to sexual orientation and gender identity in a counseling session. Factors related to the therapeutic relationship and counselor attributes were among the greatest reasons participants reported feeling comfortable discussing these issues in counseling. As supported in the literature, participants who believed counselors were knowledgeable and affirming of issues related to sexual orientation and gender identity were more likely to experience the counseling experience as a safe place to discuss these issues. Counseling experiences where the LGBTQIA individual felt that the counselor did not understand sexual orientation or gender identity issues and how they impact the individual were seen as unhelpful.

Overall, LGBTQIA students perceived the counseling center as a safe place to discuss issues related to sexual orientation and gender identity. Counselor characteristics of being nonjudgmental and empathic were among the highest reasons LGBTQIA students felt safe discussing issues related to sexual orientation and gender identity at the counseling center. Factors that were identified as hindering an LGBTQIA person from discussing issues related to sexual orientation and gender identity included, counselors not understanding how an LGBTQIA individual's sexual orientation or gender identity impacts that person's relationships, lack of resources to refer LGBTQIA students to, and counselors not being informed about specific sexual and gender identities. Participants also identified that they would like to see more resources made available through the counseling center website.

This study had several limitations that should be considered. One limitation of this study was that it only covered the time period between Fall 2015 and February 2017. Any LGBTQIA

students who visited the Counseling Center prior to that time period were not included in the study. Limiting the time period for the selection process limited the amount of potential participants in the study. Another limitation of this study was the sensitive nature of the study may have caused some people not to participate. The researcher tried to minimize this limitation by making the survey anonymous but there is still the possibility that LGBTQIA individuals chose not to participate in the study because they did not want to identify their sexual orientation or gender identity.

Based on the current study, there are several implications for counselors. First, the study shows a need for counseling professionals to be educated on issues related to sexual orientation and gender identity. Counselors should be educated on all forms of sexual orientation and gender identity, even ones that are less commonly discussed in literature. Secondly, counselors should openly discuss issues related to heteronormativity, internalized homophobia, and the effects of being an oppressed minority with an LGBTQIA individual during counseling. Thirdly, counselors should be knowledgeable about the campus and community resources that are available for LGBTQIA so that they can make appropriate referrals and recommendations when necessary.

Based on the data collected in this study, the researcher recommends that the counseling center consider the following:

- Add LGBTQIA resources on the counseling center website
- Continue to offer SafeZone trainings to professional counseling staff
- Establish a partnership with Sexual Orientations United for Liberations (SOUL)
- Conduct campus outreach to inform students about the services available for LGBTQIA students

- Offer group counseling in relation to sexual orientation and gender identity issues
- Establish connection in the community for referrals and outreach opportunities

Future research should expand on the current research and evaluate the efficacy of any changes implemented in the counseling center from the aforementioned suggestions. The study has shown that although LGBTQIA students do believe the college counseling center is a safe place to discuss issues related to sexual orientation and gender identity, there are opportunities for the college to provide more resources and educational training to the professional counseling staff. Future research may also want to look at the perspectives of the counseling professionals to see what their perceptions are on the level of care they provide to LGBTQIA students in regards to sexual orientation and gender identity issues.

Appendix A

Survey

Please indicate the sexual orientation that you most closely identify with.

- Lesbian
- Gay
- Bisexual
- Queer
- Questioning
- Asexual
- Straight
- Pansexual
- Other _____

Please indicate the gender identity that you most closely identify with.

- Male
- Female
- Trans Male
- Trans Female
- Bigender
- Intersex
- Gender Queer
- Gender Fluid
- Questioning
- Other _____

Please indicate the response that best describes your thoughts or experiences. Issues related to my sexual orientation and/or gender identity brought me to seek counseling at The Hazen Counseling Center.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

I believe the Counseling Center is a safe place to discuss issues related to my sexual orientation and/or gender identity.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My counselor openly discussed issues about sexual orientation and/or gender identity.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

My counselor did not assume that issues related to my sexual orientation and/or gender identity were the reason for me seeking counseling.

- Strongly Agree
- Agree
- Neutral
- Disagree
- Strongly Disagree

If you believe that the Counseling Center is a safe place to discuss issues related to your sexual orientation and/or gender identity, please indicate the factors that contribute to this belief by selecting the box(es) that apply.

- My counselor was nonjudgmental
- My counselor was empathic
- My counselor understands that there is a difference between sexual identity and gender identity
- My counselor asked what pronoun I prefer to use
- My counselor connected me to campus/community resources for support
- My counselor did not pressure me to come out to anyone or discuss issues related to my gender identity until I was ready
- My counselor was knowledgeable about sexual and/or gender identity issues
- My counselor taught me coping skills to use outside of counseling
- My counselor discussed issues of heterosexism and internalize homophobia
- My counselor acknowledged and discussed the effects of being an oppressed population
- Other _____

If you do not believe the Counseling Center is a safe place to discuss issues related to your sexual orientation and/or gender identity, please indicate the factors that contribute to this belief by selecting the box(es) that apply.

- My counselor failed to recognize that I was not heterosexual
- My counselor did not use the correct pronoun for my identified gender
- My counselor assumed that my sexual or gender identity was the reason for me coming to counseling
- My counselor imposed his or her personal values and judgments about sexual or gender identity.
- My counselor focused on my sexual and/or gender identity when it was not relevant to my issue
- My counselor did not seem comfortable talking about issues related to sexual and gender identity
- My counselor did not seem to understand the ways in which my sexual or gender identity impacts my relationships with my family and others
- Other _____

What resources would you like to see the Counseling Center offer in regards to the topics of sexual orientation and gender identity?

- Group Counseling
- Psychoeducational programs about sexual orientation
- Psychoeducational programs about gender identity
- Resources for LGBTQIA students made available on the Counseling Center Website
- Other _____

If the Counseling Center offered Group Counseling in regards to sexual orientation and gender identity would you participate?

- Yes
- No
- Undecided

If you would be willing to participate in Group Counseling, what types of groups would you be interested in participating in?

- Coming Out Issues
- Support Group for Sexual Orientation issues
- Support Group for Gender Identity Issues
- Other _____

What suggestions, if any, do you have for the Counseling Center to make it a more comfortable and safe place to discuss issues related to your sexual orientation or gender identity.

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