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**SUBJECT:**

Guidelines to Ensure Affirmative Environments and Clinically Appropriate Services for Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex Consumers and their Family Members

**BY:**



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**SCOPE:**

Behavioral Care Managed Care Organizations and Network Providers  
State Mental Hospitals

**PURPOSE:**

As part of its goal of improving the quality of service delivery to lesbian, gay, bisexual, transgender, questioning, and intersex (LGBTQI) consumers, the Office of Mental Health and Substance Services (OMHSAS) is committed to providing appropriate services to consumers seeking or being referred to behavioral health services, unimpeded by actual or perceived differences in sexual orientation, gender identity and gender expression.

As part of creating affirming environments of care for LGBTQI people and their families, OMHSAS is also an advocate for affirming work environments for all of the employees in its system, regardless of actual or perceived differences in sexual orientation, gender identity and gender expression.

OMHSAS seeks through this bulletin to address gaps in service delivery in behavioral health care, and to reduce disparities in behavioral health outcomes for LGBTQI consumers. This will be achieved through the development of culturally affirming environments of work and care, and by increasing access to providers with training and experience with LGBTQI individuals and their families.

**COMMENTS AND QUESTIONS REGARDING THIS BULLETIN SHOULD BE DIRECTED TO:**

Office of Mental Health and Substance Abuse Services, Bureau of Policy, Planning & Program Development, P.O. Box 2675, Harrisburg, PA 17105. General Office Number 717-772-7900.

## **BACKGROUND:**

OMHSAS is aware of the abundant research that has found significant disparities in mental health outcomes between the LGBTQI population and the larger population which, many believe, are the effect of discriminatory policies and practices by providers of mental health services, and which may be alleviated by requiring initiatives such as changes in the organizational environment, awareness training designed to combat unconscious discrimination, and competency training for clinical staff. Research also strongly indicates that individuals in the LGBTQI community, including youth, are at high risk for depression, substance abuse and suicide. Implementing these changes are important since PA's anti-discrimination laws do not provide protection from harassment and discrimination based on sexual orientation or gender identity.

In 2008, OMHSAS LGBTQI Workgroup delivered to OMHSAS its recommendations, "Issues of Access to and Inclusion in Behavioral Health Services for Lesbian, Gay, Bisexual, Transgender, Questioning and Intersex Consumers." The Recommendations outlined systemic change that would ensure support for all LGBTQI people employed by or receiving services in its system.

## **DEFINITIONS:**

**Bisexual:** A person who identifies as being attracted relationally and sexually to men as well as women.

**Coming Out:** The process of acknowledging one's sexual orientation and/or gender identity to oneself and/or to other people.

**Gay:** A man who identifies primarily as being attracted relationally and sexually to other men. Although it can be used for any sex (e.g. gay man, gay woman, gay person), in this bulletin the term "gay" is used to refer to gay men.

**Gender Expression:** The manner in which a person outwardly express his or her gender identity.

**Gender Identity:** A person's inner sense of self as male, female, somewhere in between, or something else altogether. Most people develop a gender identity that corresponds to their biological sex, but some do not.

**Heterosexism:** The attitude of a person or society that heterosexuality is a better or more acceptable sexual orientation than homosexuality.

**Intersex:** A term used to describe a variety of situations in which a person is born with reproductive and/or sexual anatomy that does not fit typical definitions of female or male. Intersex people may have various combinations of genitalia, reproductive organs, secondary sex characteristics and sex chromosome combinations. At birth or later, intersex people may undergo surgery to make their genitalia conform to the conventions of the gender binary (i.e. either male or female). Characteristics resulting from surgery, or the gender assigned at birth, may or may not match the individual's gender identity and may cause permanent physical damage.

**Lesbian:** A woman who identifies primarily as being attracted relationally and sexually to other women.

**LGBTQI:** People who identify themselves as lesbian, gay, bisexual, transgender, questioning, and/or intersex, or other minority sexual orientation, gender identity or gender expression.

**Questioning:** Persons who are unsure about their sexual orientation and/or gender identity, or who choose at a given time to refrain from defining their sexual orientation and/or gender identity.

**Sexual orientation:** The emotional, sexual, or affectional interest or attraction a person feels toward people of the same sex or gender, people of a different sex or gender, or people of any sex or gender. Interest or attraction does not necessarily correspond to behavior. Gay, lesbian and bisexual people are no longer considered by the mainstream medical and psychological communities to be disordered or ill because of their same-sex attractions.

**Transgender or Gender Variant person:** A person who lives either full- or part-time in a gender role other than the gender assigned to them at birth. This may include people who identify as transsexuals, cross dressers, drag queens, drag kings, and intersex people. Some transgender people undergo surgeries or take hormones to change the sex characteristics of their bodies, and others do not. Some transgender or gender variant people identify as living outside the traditional gender construct of male body and gender, and female body and gender. Some express themselves in the traditional role assigned them at birth, but do not identify themselves with the traditional gender-binary language of male and female.

**Transphobia:** The fear or non-acceptance of transgender people, or related acts of discrimination or harassment.

## **TIMEFRAME and APPLICABILITY OF POLICY**

It is OMHSAS intention, over the course of time, to apply these guidelines to all agencies in the OMHSAS system.

To initiate this systemic change, OMHSAS has developed these policy guidelines to ensure affirmative environments and clinically competent mental health services for LGBTQI consumers and family members served in the HealthChoices program and state mental hospitals, as a first step. Counties and all other providers are also strongly encouraged to implement these policies. These guidelines are designed to develop the competency of staff and service providers to be aware of, and demonstrate commitment to, the needs of LGBTQI people, and to create affirmative environments of work and care for all LGBTQI individuals.

Given the timeframe necessary for OMHSAS to complete the development of the training and certification processes described in this Bulletin, and in recognition that statewide culture change will be incremental, the provisions in this bulletin will become effective on January 1, 2012 to ensure that the training and certification requirements outlined below have been fully implemented. As BH-MCOs and the providers in their networks and state mental hospitals will need sufficient time to incorporate these changes, it is recommended that they begin immediately to review the policies and certification criteria and processes for their implementation, and establish plans for the training, credentialing, and environmental changes they will require.

OMHSAS maintains LGBTQI resource material designed to assist BH-MCOs and the providers in their networks and state mental hospitals in their implementation efforts. These lists will remain current for use by all community partners, who will be informed as updates occur.

In addition, an appendix is included with this bulletin to assist BH-MCOs and the providers in their networks and state mental hospitals in becoming familiar with the competencies needed to ensure the provision of quality behavioral health services to LGBTQI clients.

### **POLICY:**

Every BH-MCO and all of the providers in its networks and state mental hospitals must ensure that LGBTQI consumers receive competent services, and that LGBTQI staff have affirming work environments, by adopting the following practices:

1. *Ensuring Non-Discrimination:* Adhere to the Non-Discrimination Policy and Complaint Procedure delineated in Bulletin OMHSAS 11-01, titled Non-Discrimination Toward Lesbian, Gay, Bisexual, Transgender, Questioning, and Intersex People.
2. *Affirmative Environments:* Provide an environment that is affirmative for consumers, staff, and visitors who identify or are perceived to be lesbian, gay, bisexual, transgender, gender variant, or intersex. Efforts to ensure such an environment shall include, but not be limited to:
  - a. Implementing policy and practice that prohibits hate speech or acts of intolerance on the part of other consumers, staff, or visitors;
  - b. providing a physical environment that supports diversity and inclusion of individuals regardless of race, sex, age, ethnicity, disability, sexual orientation or gender identity;
  - c. allowing consumers to identify whom to consider family with respect to participation in family programs;
  - d. providing housing in residential facilities, for gender variant individuals, that is consistent with the gender with which the individual identifies.

BH-MCOs and providers should use the following opportunities to make their environments more affirming of LGBTQI people:

- e. As forms, paperwork and data collection instruments are updated, revise them to include questions that account for differences in sexual orientation and gender identity.
  - f. When facilities are renovated, make provisions for some restroom facilities to be designated as non-gender-specific.
3. *Refraining from "Conversion" Therapies:* Adopt and publish a policy stating that the BH-MCO, provider or state mental hospital will not provide, and will not endorse, authorize nor fund any therapy, or any other treatment, designed to change a client's sexual orientation, or modify a client's gender identity or gender expression from those with which the client identifies or which clients claim as their own. All therapies that are promoted for an LGBTQI consumer must be developed in conjunction with the individual receiving treatment.

4. *Cultural Awareness Training:* Ensure that by January 1, 2012, all staff members under the BH-MCO's and state mental hospitals purview, whether clinical or non-clinical, full- or part-time, whether engaged under contract or as an employee, complete a basic LGBTQI cultural awareness training within one year of joining the staff. OMHSAS will make this training available as a 2.5-hour, web-based module in 2011.

Newly-hired employees who have received this training within the preceding three years do not need to repeat the training.

Some BH-MCOs, providers and state mental hospitals require, or make available to staff, cultural awareness training addressing issues related to members of other groups, classes, or categories of individuals. As an alternative to OMHSAS's web-based training, a BH-MCO, provider or state mental hospital may incorporate into existing or other cultural awareness training, education on the following LGBTQI-specific topics, provided at least 2.5 hours are devoted to these topics:

- knowledge and understanding of all the policies of OMHSAS, the BH-MCO, and the provider regarding working with LGBTQI people;
  - understanding the policies of major medical and mental health associations (e.g. American Psychiatric Association, American Psychological Association, National Association of Social Workers, America Counseling Association, etc) regarding working with LGBTQI people;
  - knowing the difference between sexual orientation and gender identity;
  - understanding the importance of not making assumptions about sexual orientation and/or gender identity, given that sexual orientation and gender variance may not be evident from appearances;
  - knowing the effects of discrimination, bias, prejudice, stigma, and acts of hate on the lives and mental health of LGBTQI people;
  - knowledge of attitudes and behaviors that ensure a welcoming and affirming climate for LGBTQI consumers, staff, and visitors in the facility;
  - knowledge of preferred and potentially problematic terminology pertaining to sexual orientation and gender variance; and
  - awareness of one's own attitudes, beliefs, and biases about LGBTQI people, and the effect these may have on consumers, staff, and visitors with whom one comes in contact.
5. *Certified LGBTQI-Affirming Providers:* Each BH-MCO must identify a sufficient number and geographic distribution of qualified provider agencies, certified as LGBTQI-Affirming Providers, to ensure access for all LGBTQI clients. In addition, each state mental hospital must meet the LGBTQI affirming provider criteria and will be certified by OMHSAS.

In order to qualify as an LGBTQI-Affirming Provider, a provider agency must meet all of the following criteria:

1. Retain on its staff or under contract, at least one full-time certified LGBTQI-Trained Clinician as described below under the heading "Certification Process for LGBTQI Trained Clinicians."

2. Maintain an LGBTQI-affirming environment, having adopted, by the time of certification, the practices listed in Policy item 2, a-d, as well as the following additional practices:
  - use language that is inclusive of all sexual orientations and gender identities on all forms and paperwork; and
  - provide some restroom facilities that are designated as non-gender-specific.
3. Offer among its services one or more programs, groups, activities or plans of advocacy geared specifically to meet the needs of lesbian and gay people, and one or more programs, groups, activities or plans of advocacy geared specifically to meet the needs of transgender people.
4. Comply with the rest of the Policy items above: ensuring non-discrimination, refraining from “conversion” therapies, and completing staff cultural awareness training.

The certification process is developed and administered by each HealthChoices BH-MCO. If the provider agency meets the above criteria to the satisfaction of the BH-MCO, the BH-MCO may issue to the provider agency a letter certifying it as an LGBTQI-Affirming Provider, effective for two years.

Certified LGBTQI-Affirming Providers will be listed in the directories or websites of OMHSAS and the Network of Care. If at any time a certified provider falls out of compliance with any of these criteria, the BH-MCO must notify OMHSAS immediately in order to ensure that provider directories are up-to-date.

By July 1, 2011, each BH-MCO must create a plan for certifying a sufficient number and geographic distribution of LGBTQI-Affirming Providers. OMHSAS will review the plan and determine if it outlines sufficient capacity/geographic distribution. Subsequently, each BH-MCO must annually report the following to OMHSAS:

- Number of certified LGBTQI-Affirming Providers in its networks, along with their names and the names of their LGBTQI-Trained Clinicians
- Number of providers in its networks expected to be certified over the coming 12 months
- Greatest possible travel time remaining between an identified consumer in need of LGBTQI service and a certified Provider
- Method and frequency of communication to all consumers about access to its Certified LGBTQI-Affirming Providers

By January 1, 2012, each BH-MCO must fully implement its plan, ensuring a sufficient number and geographic distribution of certified LGBTQI-Affirming Providers.

## **CERTIFICATION PROCESS FOR LGBTQI-TRAINED CLINICIANS:**

The process for certifying LGBTQI-Trained Clinicians is conducted by each BH-MCO for the providers in its networks. In order to qualify for certification as an LGBTQI-Trained Clinician, a provider must apply on behalf of a clinician by presenting to the BH-MCO the following two sets of documentation:

1. **Documentation of Education** – Evidence of completion of a clinical university degree of at least the master’s level (e.g., a mental health professional with a masters degree, a substance abuse counselor with a masters degree, etc.).
2. **Documentation of LGBTQI-Specific Training or Experience** - This must include at least one of the following:
  - *OMHSAS training:* Certificate of Completion of the OMHSAS LGBTQI Clinical Training Curriculum. This will be an intensive, multi-part curriculum conducted over the course of months. OMHSAS will make this training available beginning in 2011.  
-- or --
  - *Other training:* Documentation of completion of a 3-credit graduate-level course, or its equivalent in terms of time and intensity, specifically covering issues in the affirmative counseling with LGBTQI clients, covering, in depth, issues related to both sexual orientation and gender identity.  
-- or --
  - *Clinical experience:* Documentation of at least 50 supervised clinical contact hours with LGBTQI clients in an agency which advertises an intention of providing competent and affirmative services to LGBTQI people, consistent with services considered competent and affirmative by the major mental health professional associations.

The BH-MCO will review the applicant’s qualifications as represented by these documents. If the BH-MCO approves the qualifications, it must issue to the clinician a letter certifying them as an LGBTQI-Trained Clinician, effective for two years. OMHSAS will certify LGBTQI-Trained Clinicians in state mental hospitals.

## **COMPLIANCE AND ACCOUNTABILITY:**

### **BHMCOs:**

OMHSAS will review compliance with the policies in this Bulletin in the course of its ongoing operational management of BH-MCOs and state mental hospitals.

### **Providers:**

The following questions will be added to the licensing checklists for those facilities for which OMHSAS has licensing oversight:

- Has this provider included LGBTQI non-discrimination language in its published policies, in accordance with DPW Bulletin Number OMHSAS 11-01?

- Has this provider updated their complaint procedure in accordance with DPW Bulletin Number OMHSAS 11-01?
- Has this provider published policies stating that it will not provide, and will not endorse, authorize nor fund, any therapy or any other treatment designed to modify or change a client's sexual orientation, gender identity, or gender expression from those with which the client identifies or which the client claims as their own?
- Have all staff members of this provider completed basic LGBTQI cultural competency training?
- Can this provider show evidence of progress toward adopting the following practices in order to provide an environment that is culturally affirmative for consumers, staff, and visitors who identify or are perceived to be lesbian, gay, bisexual, transgender, gender variant, or intersex, in accordance with DPW Bulletin Number OMHSAS 11-01? Evidence may include data, physical or anecdotal evidence or written policies. If not, can the provider show that it has made plans to move forward on them, and/or asked a BH-MCO or OMHSAS for technical assistance in order to move forward?
  - In policy and practice, immediately and decisively addressing any hate speech or acts of intolerance on the part of other consumers, staff, or visitors
  - Providing a physical environment that expresses inclusion of sexual minority and gender variant individuals.
  - Allowing consumers to identify whom to consider family with respect to participation in family programs
  - In residential facilities, providing housing for gender variant individuals that is consistent with the gender with which the individual identifies

## **APPENDICES**

NOTE: As noted above under the heading “Background,” this appendix is included to assist BH-MCOs and the providers in their networks and state hospitals in becoming familiar with the competencies, as identified by the professional associations, that providers will need in order to provide quality health care services to LGBTQI clients. It is provided for the support and education of the reader, and is not intended to represent or replace the contents of the OMHSAS LGBTQI Clinical Training Curriculum.

### **A. American Psychological Association. (2000). Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients**

#### **Attitudes Toward Homosexuality and Bisexuality**

- Guideline 1. Psychologists understand that homosexuality and bisexuality are not indicative of mental illness.
- Guideline 2. Psychologists are encouraged to recognize how their attitudes and knowledge about lesbian, gay, and bisexual issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.
- Guideline 3. Psychologists strive to understand the ways in which social stigmatization (i.e., prejudice, discrimination, and violence) poses risks to the mental health and well-being of lesbian, gay, and bisexual clients.
- Guideline 4. Psychologists strive to understand how inaccurate or prejudicial views of homosexuality or bisexuality may affect the client’s presentation in treatment and the therapeutic process.

#### **Relationships and Families**

- Guideline 5. Psychologists strive to be knowledgeable about and respect the importance of lesbian, gay, and bisexual relationships.
- Guideline 6. Psychologists strive to understand the particular circumstances and challenges facing lesbian, gay, and bisexual parents.
- Guideline 7. Psychologists recognize that the families of lesbian, gay, and bisexual people may include people who are not legally or biologically related.
- Guideline 8. Psychologists strive to understand how a person’s homosexual or bisexual orientation may have an impact on his or her family of origin and the relationship to that family of origin.

#### **Issues of Diversity**

- Guideline 9. Psychologists are encouraged to recognize the particular life issues or challenges experienced by lesbian, gay, and bisexual members of racial and ethnic minorities that are related to multiple and often conflicting cultural norms, values, and beliefs.
- Guideline 10. Psychologists are encouraged to recognize the particular challenges experienced by bisexual individuals.
- Guideline 11. Psychologists strive to understand the special problems and risks that exist for lesbian, gay, and bisexual youth.

- Guideline 12. Psychologists consider generational differences within lesbian, gay, and bisexual populations, and the particular challenges that may be experienced by lesbian, gay, and bisexual older adults.
- Guideline 13. Psychologists are encouraged to recognize the particular challenges experienced by lesbian, gay, and bisexual individuals with physical, sensory, and/or cognitive/emotional disabilities.

## **Education**

- Guideline 14. Psychologists support the provision of professional education and training on lesbian, gay, and bisexual issues.
- Guideline 15. Psychologists are encouraged to increase their knowledge and understanding of homosexuality and bisexuality through continuing education, training, supervision, and consultation.
- Guideline 16. Psychologists make reasonable efforts to familiarize themselves with relevant mental health, educational, and community resources for lesbian, gay, and bisexual people.

## **B. Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. *Competencies for counseling with transgender clients.* Alexandria, VA: Author (2009).**

## **Human Growth and Development**

Competent counselors will:

1. Affirm that all persons have the potential to live full functioning and emotionally healthy lives throughout their lifespan while embracing the full spectrum of gender identity expression, gender presentation, and gender diversity beyond the male-female binary.
2. Notice that respective developmental periods throughout the lifespan (e.g., youth, adolescence, elderly) may impact the concerns and process that transgender clients present in counseling.
3. Affirm transgender mental and medical health care (e.g., hormone therapies, sexual reassignment surgery, safe and trans-positive general medical services) through the entire lifespan, not just during the initial assessment process or during transition.
4. Understand the biological, familial, social, cultural, socio-economic and psychological factors that influence the course of development of transgender identities.
5. Identify the gender-normative assumptions present in current lifespan development theories and address for these biases in assessment and counseling practices.
6. Understand how stigma and pressures to be gender-conforming may affect personality development even in the face of the resiliency and strengths of transgender individuals. Further, understand how these factors influence decision-making in regards to employment, housing, healthcare; and manifestation of psychological disorders of transgender individuals.
7. Recognize the influence of other contextual factors and social determinants of health (i.e. race, education, ethnicity, religion and spirituality, socioeconomic status, sexual orientation, role in the family, peer group, geographical region, etc.) on the course of development of transgender identities.
8. Be informed on the various ways of living consistently with one's gender identity, which may or may not include physical or social gender transition, and how these options may

affect transgender individuals throughout their development. Be aware of the sociopolitical influences that affect the lives of transgender individuals, and that stereotyping, discrimination, and marginalization may shape one's developmental processes, self-esteem, and self-concept.

9. Recognize that the normative developmental tasks of many transgender individuals may be complicated or compromised by one's self identity and/or sexuality confusion, anxiety and depression, suicidal ideation and behavior, non-suicidal self-injury, substance abuse, academic failure, homelessness, internalized transphobia, STD/HIV infection, addiction, and other mental health.
10. Understand how transgender individuals navigate the complexities for self and others with regard to intimate relationships throughout the lifespan.
11. Understand that the typical developmental tasks of transgender seniors often are complicated or compromised by social isolation and invisibility, medical problems, transgender-related health concerns, family-of-origin conflicts, and often limited career options – especially for those with developmental disabilities.
12. Recognize that gender identity formation, self-acceptance of transgender identity, and disclosure of transgender status are complex processes that are not necessarily permanently resolved and may be experienced repeatedly across one's lifespan.

### **Social and Cultural Foundations**

Competent counselors will:

1. Understand the importance of using appropriate language (e.g., correct name and pronouns) with transgender clients; be aware that language in the transgender community is constantly evolving and varies from person to person; seek to be aware of new terms and definitions within the transgender community; honor client's definitions of their own gender; seek to use language that is the least restrictive in terms of gender (e.g., using client's name as opposed to assuming what pronouns the clients assert are gender affirming); recognize that language has historically been used to oppress and discriminate against transgender people; understand that the counselor is in a position of power and should model respect for the client's declared vocabulary.
2. Acknowledge that the oppression of transgender people is a component of sexism, heterosexism and transphobia and reflects a worldview and value-system that undermines the healthy functioning and autonomy of transgender people.
3. Understand that transprejudice and transphobia pervades the social and cultural foundations of many institutions and traditions and fosters negative attitudes, high incidence of violence/hate crimes, and overt hostility toward transgender people.
4. Recognize how internalized prejudice and discrimination (e.g., transphobia, racism, sexism, classism, religious discrimination, ableism, adultism, ageism) may influence the counselor's own attitudes as well as those of her/his/transgender clients resulting in negative attitudes toward transgender people.
5. Recognize, acknowledge, and understand the intersecting identities of transgender people (e.g., race/ethnicity, ability, class, religion/spiritual affiliation, age, experiences of trauma) and their accompanying developmental tasks. This should include attention to the formation and integration of the multiple identity statuses of transgender people.
6. Understand how the specific intersection of sexism, heterosexism and transphobia may affect clients' lives. For example sexism (how patriarchy promotes gender stereotypes and roles and how power and privilege are distributed to reinforce the binary gender system), transphobia (internalized fears or negative self-concept), and heterosexism (while sexual

orientation and gender identity are different, how heterosexism impacts both those who identify as homosexual and heterosexual, because ze/she/he may be viewed as being outside of the gender binary or as “really a man/woman” and therefore are seen as gay/lesbian).

7. Understand how the specific intersection of racism, sexism, heterosexism and transphobia influences the lives of transgender people of color (e.g., increased risk for HIV/AIDS and overrepresentation of transgender people of color in HIV infections) and recognize the negative stereotypes used against transgender people of color.
8. Acknowledge how classism affects the lives of transgender people through increased rates of homelessness, restricted job opportunities and increased marginalization within the work place, and lack of federal employment protections.
9. Identify transgender-positive resources (e.g., support groups, websites, brochures) that address multiple identities of transgender people (e.g., youth, differential ability, people of color).
10. Use empowerment and advocacy interventions (see ACA Advocacy Competencies) when necessary and/or requested with transgender clients (e.g., employment and education discrimination, transgender people of color, housing discrimination).
11. Educate themselves and others about the damaging impact of colonization and patriarchy on the traditions, rituals, and rites of passage specific to transgender people across cultures over time (e.g., Hijras of India, Mahu of Hawaii, Kathoey of Thailand, Two-Spirit of Native American/First Nations people).
12. Recognize that spiritual development and religious practices may be important for transgender individuals, yet it may also present a particular challenge given the limited trans-positive religious institutions that may be present in a given community, and that many transgender individuals may face personal struggles related to their faith and their identity.

## **Helping Relationships**

Competent counselors will:

1. Understand that attempts by the counselor to alter or change gender identities and/or the sexual orientation of transgender clients across the lifespan may be detrimental, life-threatening, and are not empirically supported; whereas counseling approaches that are affirmative of these identities are supported by research, best practices, and professional organizations – such as the American Counseling Association. American Psychological Association).
2. Recognize that the counselors’ gender identity, expression, and concepts about gender are relevant to the helping relationship, and these identities and concepts influence the counseling process and may affect the counselor/client relationship.
3. Be aware that, although the client is transgender and may have gender-related concerns, the client’s primary concern and reason for seeking counseling services may *not* be related to gender identity and/or gender dysphoria.
4. If gender identity concerns are the reason for seeking treatment, counselors acknowledge experience, training, and expertise in working with individuals with gender concerns at the initial visit while discussing informed consent and seek supervision and consultation as necessary.
5. Acknowledge with the paucity of research on efficacious theoretical approaches for working with transgender populations, counselors are urged to conduct routine process monitoring

and evaluation of their service delivery and re-evaluate their theoretical approach for working with transgender individuals.

6. Acknowledge that, although gender identities and expressions are unique to individuals, they can vary greatly among and across different populations of transgender people. Further, a transgender client's gender identity and/or expression may evolve across their lifespan.
7. Acknowledge that physical (e.g., access to health care, HIV, and other health issues), social (e.g., family/partner relationships), emotional (e.g., anxiety, depression, substance abuse), cultural (e.g., lack of support from others in their racial/ethnic group), spiritual (e.g., possible conflict between their spiritual values and those of their family's), and/or other stressors (e.g., financial problems as a result of employment discrimination) often interfere with transgender people's ability to achieve their goals. Therefore, it is important assist them with overcoming these obstacles and regulating their affects, thoughts, and behavior throughout this coping process.
8. Recognize and acknowledge that, historically, counseling and other helping professions have compounded the discrimination of transgender individuals by being insensitive, inattentive, uninformed, and inadequately trained and supervised to provide culturally proficient services to transgender individuals and their loved ones.
9. Create a welcoming, affirming environment for transgender individuals and their loved ones by creating a counseling space that affirms transgender people's identity (e.g., placing transgender-positive magazines and literature in the waiting room, etc.). Respect and attend to the entire individual—not just their gender identity-related issues.
10. Facilitate an open discussion to identify the effects of trans-prejudice and discrimination experienced by transgender clients and assist them in overcoming potential internalized negative attitudes about themselves and their gender identities.
11. Proactively seek consultation and/or supervision from professionals competent in working with transgender individuals (please refer to WPATH's *Standards of Care* regarding guidelines for professional competency) to ensure that the counselors' own biases or knowledge deficits do not negatively affect the helping relationship.

## **Group Work**

Competent group counselors will:

1. Maintain a nonjudgmental, supportive stance on all expressions of gender identity and sexuality and establish this as a standard for group members as well.
2. Facilitate group members' understanding that mental health professionals' attempts to change a member's gender identity (e.g., conversion or reparative therapies) are not supported by research, and moreover, may have life-threatening consequences.
3. Involve members in establishing the group treatment plans, expectations, and goals, which should be reviewed periodically throughout the group. These should foster the safety and inclusion of transgender members.
4. Provide education and opportunities for social learning about a wide array of choices regarding coming out and transitioning if indicated or warranted.
5. Recognize the impact of power, privilege, and oppression within the group especially among the counselor and members and between members of advantaged and marginalized groups.
6. Consider diversity (i.e., gender identity, sex assigned at birth, sexual orientation, mental and physical ability status, mental health concerns, race, ethnicity, religion, and

socioeconomic class) when selecting and screening group members, and be sensitive to how these aforementioned diverse identities may affect group dynamics.

7. Be aware of the unique status of an individual who is the only transgender group member, and create a safe space in which that person can share her/his experiences if feeling comfortable. In this case, it is especially important to foster a sense of security through the use of respectful language towards the transgender member (e.g., correct pronouns and name; gender-affirmative terminology of transition interventions).
8. In gender-specific groups (e.g., inpatient treatment settings, substance abuse treatment, etc.), transgender individuals need to attend the gender group with which they identify (instead of the gender group that they were assigned at birth).
9. Acknowledge the impact of institutionalized and personalized transphobia on transgender members' comfort with disclosing and reflecting on their experiences that occur inside and outside of group.
10. Actively intervene when either overt or covert hostility towards transgender identified members threatens group security and cohesion. This applies to both transgender specific groups and any group that has transgender members.
11. Recognize that although group support can be very helpful, peer pressure to conform to specific expression or plan of action exists within the group.
12. Coordinate treatment with other professionals working with transgender members, while maintaining confidentiality within the group.
13. Refer clients to other mental and physical health services when either initiated by the group member or due to clinical judgment that the member is in need of these interventions.
14. Be aware of how their own gender identities, beliefs about gender, and lack of knowledge about transgender issues may affect group processes.
15. Seek consultation or supervision to ensure that the counselor's potential biases and knowledge deficits do not negatively affect group dynamics.
16. Ideally have previous experience working with transgender individuals in both non-transgender specific and transgender specific groups. If no previous counseling experience with transgender individuals exists, consultation and supervision with mental health professionals who are competent and have more experience working with transgender issues is even more critical.

### **Professional Orientation**

Competent counselors will:

1. Understand and be aware that there has been a history of heterosexism and gender bias in the Diagnostic and Statistical Manual (DSM). For instance, counselors should have knowledge that homosexuality was previously categorized as a mental disorder and that currently "Gender Identity Disorder" remains in the DSM. Know the history of how the helping professions have negatively influenced service delivery to transgender individuals, their families and significant others through heterosexism and gender bias, and specifically know the history of when "Gender Identity Disorder" was inserted into the Diagnostic and Statistical Manual (DSM) and when homosexuality was removed as a mental health disorder.
2. Acknowledge and address the gatekeeper role and subsequent power that mental health professionals have historically had in transgender clients accessing medical interventions which resulted in mistrust of mental health professionals. This power difference needs to be minimized in the counseling relationship with transgender clients.

3. Ascertain the needs and presenting concerns of transgender clients, including transgender identity development, gender confusion, gender transition, gender expression, sexuality, anxiety and depression related to transgender life experiences, family/partner relationships, substance abuse, transgender health issues, and presenting concerns unrelated to gender.
4. Understand the related ACA ethical guidelines for counseling individuals who are exploring issues related to gender identity, gender expression, and sexual orientation.
5. Seek consultation or supervision to ensure that personal biases do not negatively affect the client-therapist relationship or the treatment outcomes of the transgender individual.
6. Be familiar with and know how to assist transgender clients access community resources where appropriate.
7. Facilitate access to appropriate services in various settings for transgender individuals by confronting institutional barriers and discriminatory practices.
8. Seek professional development opportunities to enhance attitudes, knowledge, and counseling skills related to transgender individuals.
9. Recognize the importance of educating professionals, students, and supervisees about transgender issues, and challenge misinformation and bias about transgender individuals.
10. Support a positive, public dialogue that affirms individual gender expression and gender identity.
11. Serve as advocates for transgender individuals within professional counseling organizations, and specifically advocate for anti-discrimination policies concerning transgender individuals.
12. Collaborate with health professionals and other individuals, groups, agencies, as indicated by the individual in order to provide comprehensive care.

### **Career and Lifestyle Development Competencies**

Competent counselors will:

1. Assist transgender clients with exploring career choices that best facilitate both identity formation and job satisfaction.
2. Recognize that existing career development theories, career assessment tools, employment applications, and career counseling interventions contain language, theory, and constructs that may be oppressive to transgender and gender-conforming individuals.
3. Acknowledge the potential problems associated with career assessment instruments that have not been normed for the transgender community.
4. Challenge the occupational stereotypes (e.g., sex work, entertainment careers, etc.) that restrict the career development and professional decision-making of transgender clients, or respect decisions to remain in entertainment careers, while also be prepared to affirm that these are valid jobs for those who are satisfied working in these fields.
5. Acknowledge and understand how the interplay of discrimination and oppression against transgender individuals adversely affect career performance and/or result in negative evaluation of their job performance, and thus may limit career options resulting in underemployment, less access to financial resources and overrepresentation in certain careers.
6. Demonstrate awareness of the high degree of discrimination that transgender individuals have historically experienced in the workplace and how this discrimination may affect other life areas (e.g., housing, self-esteem, family support).
7. Demonstrate awareness of and skill in addressing employment issues and challenges for transgender individuals who have experienced transition, those who may choose to transition, and those who may not opt to transition while in the workplace and recognize the

diversity of experiences for transgender individuals who choose to transition while in the workplace.

8. Explore with clients the degree to which government (i.e., federal, state, and/or local) statutes, union contracts, and workplace policies protect workers against employment discrimination based on gender identity and expression. In cases where there is no protection of transgender employment rights, provide information on advocacy and support efforts.
9. Link clients with transgender mentors and resources that increase their awareness of viable career options.
10. Provide employers with consultation and education on gender identity issues and ways to facilitate workplace changes, such as restrooms, locker rooms, staff education, and creating a respectful, inclusive environment.
11. Assist with empowering transgender individuals to advocate on their own behalf as appropriate in their workplace context (i.e., micro-level or macro-level) and/or offer to engage in this advocacy with the client's consent if the client would benefit from a direct workplace psycho-education/training on transgender issues and safety in the workplace.
12. Advocate for gender identity and gender expression anti-discrimination policies in the workplace as they are applicable on both micro-level (e.g., in the workplace) and macro-levels (e.g., in the local and larger communities where we live, with policy makers and legislators, etc.).

### **Appraisal**

Competent counselors will:

1. Determine the reason for counseling services at the initial visit (e.g., exploring gender issues, career issues, relationship issues, evaluation and referral for medical services, or other mental health services).
2. Identify challenges that may inhibit desired treatment (e.g., cognitive impairment, serious mental health concerns such as psychosis or personality disorders, medical issues, developmental disabilities, etc.).
3. Understand that gender identity and expression vary from one individual to the next, and that this natural variation should not be interpreted as psychopathology or developmental delay.
4. Examine the legitimate power that counselors hold as helping professionals, particularly in regards to assessment for body modifications, and seek to share information on the counselor's gate keeping role (e.g., writing letters supporting body modifications) so it is not a restrictive influence, but rather seeks to better serve transgender people's needs.
5. Understand the power that counselors have in meeting the needs of transgender individuals in regards to making decisions about hormonal or surgical interventions. Therefore, it is important to collaboratively discuss the potential length of counseling services and costs as a part of the informed consent process.
6. Recognize that the goal of treatment is to provide a comprehensive psychosocial mental health assessment, which should encompass all life areas, for all transgender individuals whether or not they are seeking medical interventions and/or body modifications.
7. Examine how their own biases and privilege may influence their assessment with each transgender individual. Such bias might include sexism, heterosexism, transnegativity, promoting medical interventions, or a particular course of treatment.

8. Utilize supervision and consultation as tools to help counselors minimize biases and avoid misuse/abuse of privilege and power (e.g., in regards to providing approval for transgender individuals to obtain medical treatment and/or body modifications).
9. Understand how heterosexism and sexism are promoted and maintained within society, and how these dynamics influence the assessment of transgender individuals.
10. Consider in the differential diagnosis process how the effects of stigma, oppression, and discrimination contribute to psychological symptoms, but do not necessarily indicate pathology for transgender individuals. Consider these effects when collaboratively deciding client's readiness for body modifications.
11. Apply ethical standards when utilizing assessment tools such as tests, measurements, and the current edition of the DSM, because they have not been normed on transgender people. As many assessments are also products of a sexist and heterosexist culture and may reinforce a pathological or trans-negative perspective on transgender people, determine which assessments are in the best interest of transgender people (i.e., ones that do not equate mental health with being gender conforming) and employ a collaborative assessment approach when possible.
12. Be sensitive to and aware of the ongoing debate regarding Gender Identity "Disorder" being listed as a medical condition in the current edition of the DSM and be willing to communicate to transgender individuals the position the helping professional takes, and to have open and honest discussions about how this may affect the work you do together.
13. Be familiar with WPATH's Standards of Care principles in order to guide but not dictate treatment for individuals with gender identity concerns, including gender dysphoria.
14. Be prepared to face ethical dilemmas with the appraisal of transgender people, especially because theories and practices with transgender people continue changing and evolving, and create many ethical dilemmas
15. Seek out the perspectives and personal narratives of the transgender community as essential components to fully understanding appropriate assessment of transgender people.
16. Recognize that the presence of a co-occurring mental or physical health disorder does not necessarily preclude counseling for gender concerns or medical treatments, but may or may not require stabilization or additional treatment.
17. Recognize that transgender people with mental health concerns (e.g., schizophrenia, personality disorders) and/or cognitive challenges experience significant bias and discrimination and may benefit from discussions about the impact of mental health stigma on their daily lived experiences and their selection of body modifications.

## **Research**

Competent counselors will:

1. Be aware of existing transgender research and literature regarding social and emotional well-being and difficulties, identity formation, resilience and coping with oppression, as well as medical and non-medical treatment options.
2. Consider limitations of existing literature and existing research methods regarding transgender individuals such as sampling, confidentiality, data collection, measurement, and generalizability (e.g., LGB literature applying results and content to transgender individuals).
3. Be aware of gaps in literature and research regarding understanding the experiences of and assisting of transgender individuals and family members.

4. Have knowledge of qualitative, quantitative, and mixed methods research processes and potential future research areas such as individual experiences of transgender people, counselor awareness and training on transgender concerns, reduction of discrimination towards transgender individuals, and advocacy opportunities for positive social change in the lives of transgender individuals.
5. Consider how critical consumption of research may assist with understanding needs, improving quality of life, and enhancing counseling effectiveness for transgender individuals.
6. Formulate research questions taking into account transgender participants and transgender issues/concerns.
7. Construct surveys or any data gathering forms that include gender demographic information options that provides the participants the opportunity to disclose their declared or affirmed gender identity while concurrently not conflating gender identity and sexual orientation.
8. Be familiar with current transgender-affirmative terminology and be aware of the importance of using the least restrictive gender language that adheres to participants' declared or affirmed pronouns/names.
9. Involve transgender-identified individuals in research regarding transgender issues/concerns when appropriate and possible - while attending to and being reflective of transgender research participants' lived experiences.
10. Recognize research is never free of positive or negative bias by identifying the potential influence personal values, gender bias, and heterosexism may have on the research process (e.g., participant selection, data gathering, interpretation of data, reporting of results, DSM diagnosis of Gender Identity Disorder), and seek to address these biases in the best manner possible.
11. Make transgender-focused research available to the transgender community served by making a study's results and implications accessible for the community, practitioners, and academics alike.