Moving Beyond CACREP Standards: Training Counselors to Work Competently with LGBT Clients

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Abstract

This article suggests specific training standards are needed to challenge the silence around lesbian, gay, bisexual and transgender (LGBT) issues in Counselor Education and to disrupt heterosexist practices in counseling training. The manner in which the CACREP Standards addresses the LGBT population is called into question, as the 2009 and the second draft of the 2016 standards continue to be vague concerning this population. The challenge of utilizing the historically exclusive and presently inclusive term "multicultural" in counseling when considering the LGBT population is examined. Recommendations for Counselor Education programs to go beyond the minimal CACREP Standards for preparing students to provide culturally competent services for the LGBT population are offered.

Keywords

Author's Notes

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Moving Beyond CACREP Standards: Training Counselors to Work Competently with LGBT Clients

Omar Troutman and Catherine Packer-Williams

This article suggests specific training standards are needed to challenge the silence around lesbian, gay, bisexual and transgender (LGBT) issues in Counselor Education and to eliminate heterosexist practices in counseling training. The manner in which the CACREP Standards address the LGBT population is questioned, and the second draft of the 2016 standards continues to be vague concerning this population. The challenge of utilizing the historically exclusive and presently inclusive term "multicultural" in counseling when considering the LGBT population is examined. Recommendations for Counselor Education programs to go beyond the CACREP minimal standards for preparing students to provide culturally competent services for the LGBT population are offered.

Keywords: CACREP, LGBT, multicultural, diversity, accreditation, Counselor Education

An estimated four million people in the United States self-identify as lesbian, gay, bisexual, or transgender (LGBT) (Gates, 2012). The LGBT population not only experience oppression and discrimination because of their sexual identity, but also have higher rates of suicide and violent attacks (Baker & Garcia, 2012). The psychological well-being of LGBT individuals can be negatively impacted by these experiences as well as the daily experience of heterosexism and inequitable rights (Hatzenbuehler, McLaughlin, Keyes, & Hasin, 2010). The counseling community can serve as allies and advocates by offering culturally sensitive services to members of the LGBT community and actively demanding equal rights under the law. However, research indicated that LGBT clients who engaged in counseling often report being dissatisfied with the experience (Grove, 2009; O'Neill, 2002). Furthermore, the literature showed that both counselors in-training and counselors in the field reported a lack of dedication to affirmative practice and training from their counselor education programs and an overall lack of competence regarding working with LGBT clients (Dillon, Worthington, Savoy, Rooney, Becker-Schutte, & Guerra, 2004; Farmer, 2011; Matthews, 2005).

Without specific standards for training counselors to work competently with LGBT clients, low or absent levels of training may continue. Specific training standards are necessary to challenge the silence around LGBT issues in counselor education and change heterosexist practices in counseling training. Therefore, it is argued that the Council for Accreditation of Counseling and Related Educational Programs (CACREP) offer explicit training standards for gaining knowledge, skills and practices for working with LGBT clients. The purposes of this article are to: (a) consider the historical perspectives and implications for using both the exclusive and inclusive meanings of the term "multicultural" in addressing the needs of LGBT clients, (b) provide a rationale for the need for more specificity in the CACREP Standards to train future counselors to work with the LGBT population, and (c) share recommendations for counselor education programs to go beyond the CACREP minimum standards for preparing students to provide culturally competent services for clients who identify as LGBT.

CACREP Standards

Since its inception in 1981, CACREP has been the gold standard-bearer for Counselor Education programs. A review of the literature over the past 20 years revealed that few counselor educators challenged the validity of the CACREP Standards prior to 2009 or found them to be problematic (McGlothin & Davis, 2004; Schmidt, 1999). As CACREP continues to revise its standards for accreditation, the field of professional counseling also continues to modify itself to keep pace with an increasingly diverse and dynamic society. CACREP's evolution to become more diversity sensitive and inclusive may have led to the deemphasis of certain expressions in order to provide a more general application of the standards. The 2001 standards specifically included language addressing the impact of sexual orientation in its definition of social and cultural diversity.

"…studies that provide an understanding of the cultural context of relationships, issues and trends in a multicultural and diverse society related to such factors as culture, ethnicity, nationality, age, gender, sexual orientation, mental and physical characteristics, education, family values, religious and spiritual values, socioeconomic status and unique characteristics of individuals, couples, families, ethnic groups, and communities…" (CACREP, 2001, II.K.2, p. 12-13)

However, in the 2009 Standards this language was dropped (CACREP, 2009). The Standard now states, "…studies that provide an understanding of the cultural context of relationships, issues, and trends in a multicultural society…" (CACREP, 2009, II.G.2, p. 9). The Glossary definition for *multicultural* is: "term denoting the diversity of racial, ethnic, and cultural heritage; socioeconomic status; age; gender; sexual orientation and religious and spiritual beliefs, as well as physical, emotional, and mental abilities" (CACREP, 2009, Glossary, p. 60). While a definition of *multicultural* was included in Draft #1 and Draft #2 of the 2016 CACREP Standards, more specific standards that directly reference the LGBT community including "gender identity/expression" were not included.

Historically, *multicultural groups* referred to people of color; thus, the revision of the Standard to what may be viewed as more inclusive language is a concern. Without *gender identity/expression* as the authors propose appearing as a category of a multicultural group in addition to sexual orientation, the requirement to understand the "cultural context" (CACREP, 2009, II.G.2, p. 9) of these clients may be ignored. It is therefore our opinion that lack of specificity in the Drafts of the 2016 Standards (CACREP 2012, 2013) regarding gender

identity/expression and sexual orientation is a concern as counselor education programs have recently come under fire for requiring students to work with sexual minorities and affirm the sexual orientation and gender identity/expression of their clients regardless of their religious beliefs. Most notable are Ward vs. Eastern Michigan University and Keeton vs. Anderson-Wiley, et al. at Augusta State University (Oppenheimer, 2012). While both universities have pointed to the ACA Code of Ethics (2005) to document the wrong in refusal to treat LGBT clients, it is problematic that the CACREP Standards do not offer any specificity or clarity with regard to this population. Additionally, legislation is making its way through several state houses, which would allow counseling students to refuse services to those who identify as LGBT.

Historical Perspectives

With the impact that the rise of multiculturalism has had on the profession as well as the standards for accreditation, it is important to consider the historical evolution of the term *multicultural counseling*. Following psychodynamic, behaviorist, and humanistic schools of thought to explain human behavior, multiculturalism emerged as a fourth force in the history of counseling, followed by social justice counseling rooted in advocacy (Ratts, D'Andrea, & Arrendondo, 2004). Over the past 20 years, two main schools of thought emerged regarding how to define multiculturalism in counseling. While Locke (1990) and others advocated for a more specific view of multicultural counseling that focuses on racial and ethnic minorities, another school of thought embraces inclusion of multiple variables (Israel & Selvidge, 2003). For example, Pederson's (1991) definition of multiculturalism in counseling is less specific and includes: race and ethnicity, age, gender, religion/spirituality, socioeconomic status, language, location of residence, sexuality, etc. LGBT scholars and others have found that both schools of thought fall short in educating counselors on how to integrate multicultural competencies in their practice (Bieschke, McClanahan, Tozer, Grzegorek, & Park, 2000; Graham, 2009).

Association for Multicultural Counseling and Development

The Association for Multicultural Counseling and Development (AMCD), a division of the American Counseling Association (ACA), was founded in 1972. AMCD, formerly known as the Association for Non-White Concerns, has worked toward its goal to "develop programs specifically to improve ethnic and racial empathy and understanding" (AMCD, About AMCD). A major contribution of AMCD is its development of multicultural competencies for counselors working with clients from diverse cultural backgrounds. While the AMCD Multicultural Counseling Competencies (Arredondo et al., 1996) include detailed core competencies, its focus is primarily on the impact of ethnicity and does not include specific language including the LGBT population (Arredondo et al., 1996). Although the standards refer to the impact of heterosexism in its delineation of the skills necessary for multiculturally competent practice, the skill standard does not expand on the concept or operationalize how sensitivity to heterosexism affects the interventions provided.

Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling

Originally known as The Gay Caucus in 1975, the Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC) became an ACA division as the need for the recognition of LGBT counseling professionals became a necessity to its members (Logan & Barret, 2005). Over the course of ALGBTIC's growth, the mental health needs of the LGBT population combined with the societal impact of the AIDS epidemic highlighted a void of information in the development of practitioners to work with this population. By the end of 1997, ALGBTIC created a set of competencies that it deemed imperative in providing clinical services to members of the LGBT population (Logan & Barret, 2005).   In its mission statement, ALGBTIC now strives:

> to promote greater awareness and understanding of gay, lesbian, bisexual, and transgender (GLBT) issues among members of the counseling profession and related helping occupations.
> to improve standards and delivery of counseling services provided to GLBT clients and communities.
> to identify conditions which create barriers to the human growth and development of GLBT clients and communities; and use counseling skills, programs, and efforts to preserve, protect, and protect such development.
> to develop, implement, and foster interest in counseling-related charitable, scientific, and educational programs designed to further the human growth and development of GLBT clients and communities.
> to secure equality of treatment, advancement, qualifications, and status of GLBT members of the counseling profession and related helping occupations; and to publish a journal and other scientific, educational, and professional materials with the purpose of raising the standards of practice for all who work with GLBT clients and communities in the counseling profession and related helping occupations. (ALGBTIC, Discussion section para.1)

Generally, the AMCD and ALGBTIC movements occurred independently of one other. According to Israel and Selvidge (2003), AMCD and ALGBTIC at times differed with each other as both aimed to have their respective multicultural components move from the margins to the center of the Counselor Education training curriculum. Conversely, both are inextricably tied based on their respective political and social justice movements within the profession. While different in their groups of focus, they are complementary organizations that seek to improve the life experiences of their respective constituencies. Working together, both groups can learn from each other and create curriculum and standards that will lead to the training of counselors who are competent to work with racial, ethnic, or LGBT clients. Israel and Selvidge recommended, "The foundation of multicultural counseling can be extended to provide a framework for counselor competence with LGB clients" (p. 84). An approach to counselor development that considers the intersection of the concerns of both organizations could be fostered to recognize the unique experiences of clients.

The Inclusion of Diversity and Advocacy Standards

Over the past decade, studies pointed to the importance of diversity and advocacy in Counselor Education (Chang, Crethar, & Ratts, 2010; Chang & Gnika, 2010; Chen-Hayes, 2001;

Kiselica & Robinson, 2001). McGlothin & Davis (2004), found that social and cultural diversity ranked as the third most beneficial core standard perceived by educators, practitioners, and students. In a review of research, Worthington, Soth-McNett, and Moreno (2007) showed that counselors who possess multicultural counseling competencies had better success in working across racial and ethnic differences. From the perspective of the client, research also showed that counselors who practice in a multiculturally competent manner were perceived to be more attractive, trustworthy, and expert. Further, clients viewed the strength of the counseling relationship as greatly enhanced by practitioners who support multicultural intentionality in their work (Fuertes & Brobst, 2002).

Social justice counseling emerged as the *fifth force* in the field of counseling offering an innovative paradigm for understanding the impact oppression on a client's mental health (Ratts, 2009). Counselors were encouraged to consider the importance of cultural and sociopolitical factors when conceptualizing and treating the concerns of clients (Lewis, Ratts, Paladino, & Toporek, 2011; Ratts, Toporek, & Lewis, 2010). Social justice counseling as a counseling theory was anchored in advocacy work (Ratts, 2009). Specifically, this fifth force of counseling required that the professional identity of counselors include that of advocate and vocal, active agent of change (Ratts, 2009). Social justice counselors are expected to disrupt the status quo in society and dismantle systems that keep their clients oppressed and thus negatively influence psychological well-being.

In 2003, ACA adopted Advocacy Competencies to assist established and emerging counselors in identifying appropriate levels of advocacy for a range of diverse clients with diverse concerns surrounding issues of oppression, injustice, inequity, or other external barriers (Lewis, Arnold, House, & Toporek, 2002). The ACA Advocacy Competencies incorporate multicultural and community counseling foundational tenets (Lewis, Lewis, Daniels, & D'Andrea, 1998; Sue, Arrendono, & McDavis, 1992). Using this paradigm, counselors actively address and remove oppressive barriers in the lives of their clients when possible, and support their resilience. Examples of advocacy include making educational environments a safe place for LGBT students, providing a list of resources and supportive networks for LGBT clients and their families, and closing gaps in mental health and community services available to LGBT clients (Singh, 2010).

Consistent with trends in the literature, the 2001 CACREP Standards included a diversity and advocacy component in the professional identity and specialty areas of professional practice (CACREP, 2001, II.K.1, p. 12; CACREP, 2001, VI, p. 30-58). The new component was specialized for each area of practice and included specific knowledge, skills, and practices subsections that provided more depth. However, the language that was included in this new component remained vague in considering the LGBT population with the use of such umbrella terms as "diverse populations" and "multicultural groups," listing sexual orientation in the definition of *multicultural* in the glossary and not including sexual identity/expression. The diversity and advocacy header was not stated in the first or second drafts of the 2016 CACREP Standards, and there is no clear mention of the LGBT population (CACREP, 2012, 2013) Thus, it continues to be left to each training program whether or not to acknowledge LGBT clients as part of the terms "diverse populations" or "multicultural groups" used by CACREP. Programs may take a similar absent or ambiguous stance in preparing students to work with the LGBT population.

The Need for Addressing the Absence of Specificity

In considering how best to prepare future counselors, Counselor Educators should be aware of the beliefs of emerging professionals. The attitudes of those who enter the profession have been historically negative toward individuals who identify as LGBT (Newman, Dannenfelser, & Benishek; Rainey & Trusty, 2007). In a study of masters-level counseling students, Rainey and Trusty (2007), found the quality of previous experience with those who identified as LGBT, religiosity and political views predicted attitudes held toward clients of a differing sexual orientation. Negative prior experiences with LGBT individuals, high levels of religiosity, and conservative political views had a marked impact on how the future clinicians conceptualized LGBT clients (Rainey & Trusty, 2007). While counselors may make focused efforts to prevent the imposition of values, the internalization of societal biases can affect therapeutic efficacy in ways that are unknown to the counselor (Welfel, 2006). Thus, counselors may inadvertently impose their values or the values dictated by societal norms upon their clients without being aware of actually doing so. Further, studies of the LGBT population indicated that 25% to 65 % of the LGBT populations seek counseling, at a rate two to four times higher than their heterosexual counterparts (Israel, Gorcheva, Walther, Sulzner, & Cohen, 2008; Robinson-Wood, 2009). Robinson-Wood (2009) also cited that emerging professionals have not been provided appropriate training to develop competency in working with the LGBT population. Both Robinson-Wood (2009) and Israel, et al. (2008) cited the relative dissatisfaction that this population had with practitioners who were not versed in the application of appropriate interventions or the impact that societal subjugation and marginalization had on the counseling process. As a result, a majority of those who seek counseling terminate prematurely, are reluctant to re-engage in the process, and have a negative opinion of those in the helping profession (Israel et al., 2008).

In adding to the curricular experiences of students in Counselor Education programs that faculty members are specifically charged with providing (Das, 1995; Dinsmore & England, 1996; Holcomb-McCoy & Myers, 1999), ethical codes from: the *ACA (2005), American Mental Health Counselors Association (AMHCA, 2010),* the *American School Counselor Association (ASCA, 2010*, and the *National Board for Certified Counselors (NBCC, 2010)* are necessary supplements to the CACREP standards as they include developing multicultural/diversity competence in professional practice. Each of the aforementioned ethical codes makes a direct reference to sexual orientation (*ACA Code of Ethics*, Sections C.5, p. 10 & E.8, p. 13; *AMHCA Code of Ethics*, Sections C.2, p. 9 & D.2, p. 10; *ASCA Ethical Standards for School Counselors*, Preamble, p. 1 & Section E.2, p. 5; *NBCC Code of Ethics*, 26, p. 3).

While the efficacy of CACREP-accredited programs in preparing counselors for entry into the profession is evidenced by performance on the National Counselor Examination (NCE), little evidence has been reported regarding the level of competency that students attained (Adams, 2006; Schmidt, 1999). Moreover, measuring students' multicultural competencies is complicated given the global definition in the CACREP Standards.

Going Beyond the Standards: Recommendations for Counselor Education Programs

The authors suggest that programs go beyond what is minimally required by the CACREP Standards to train students to work competently with LGBT clients. This may ensure that culturally competent training for working with the LGBT population will be both

acknowledged and comprehensively addressed. A summary of key empirically-based issues, which should be addressed in training programs, is provided in the Appendix as a foundation for programs to reexamine the knowledge disseminated to emerging counselors. The following recommendations are also offered for Counselor Education training programs:

Clearly and intentionally include the LGBT population within the scope of multicultural counseling and training. It is critical that programs move working with LGBT clients from the margins to the center of multiculturalism in counseling. Programs are cautioned to avoid unintentionally marginalizing LGBT clients and students by not acknowledging this minority group in training. Failing to address the concerns of this population in training may be considered a form of systemic prejudice or discrimination. Specialization-specific contextual dimensions needing elaboration, as well as empirically-based key issues, are offered in the Appendix.

Confront heterosexism and transphobia by encouraging more affirmative language. Counselors who are new to working with and addressing concerns of LGBT clients may unintentionally engage in bias in language and practice. This is a natural part of the development to becoming culturally competent (Ridley, 2005). Examples of this form of unintentional bias include assuming that all couples consist of a male and female and that a child has parents of the opposite sex, using official forms that only have the designation of married or single, and assuming that a single person is not same-sex partnered ("Allies & Advocates," 2012). Giving clients an opportunity to share the expression of their gender using a blank line versus a male or female check box may be very affirming to a transgender client and play a role in the early building of trust and rapport with an LGBT client.

Unpack your "invisible knapsack" of heterosexual privilege (McIntosh, 1989, p. 10-12). McIntosh's (1989) seminal work challenges the reader to become aware of the unearned privileges or benefits whites in the majority culture automatically enjoy that people of color may not have. Heterosexual privilege is granted automatically for being heterosexual (or perceived as such) and is denied to members of the LGBT community ("Gender Equity Resource Center," 2012). It is important for counselors to recognize the ways heterosexual privilege can affect their work with LGBT clients. Developmental milestones, such as the coming out process, may be taken for granted, and the degree to which an LGBT client lacks social support may be overlooked or undervalued (Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, 2009).   Additionally, counselors who are unaware of their own heterosexual privilege may fail to see the impact of being unable to be around others who espouse similar identities and face the same societal challenges (Grove, 2009).

Make the program's stance on the inclusion of competency training to work with LGBT clients visible in recruitment and public relations materials and media. Educate prospective students about the program's multicultural diversity and advocacy training that includes work with LGBT clients. Programs can clearly specify the importance of training future counselors to work competently with LGBT clients through a mission statement, an explicit commitment to a diversity and social justice statement, or a reference to the ethical codes that specifically include sexual orientation and gender expression/identity. Faculty can show examples of how the commitment to the mission statement is operationalized and regularly put in practice in their program. Programs are encouraged to display the inclusion of LGBT issues in their curriculum by posting syllabi and related course products online, highlighting relevant presentations by faculty and students, sharing a list of LGBT sensitive texts and articles used in course work, and listing professional affiliations of faculty members.

Integrate multicultural competency training for the LGBT population across the curriculum. Relegating this topic to one course in multicultural counseling training and/or making this training the responsibility of one faculty member may suggest that competently providing services for LGBT clients may not be a commitment of the program or all faculty members. All instructors should find ways to implement competency training for working with this population in their courses through case studies, article reviews, training films, documentaries, and self-examination learning activities (Burnes & Singh, 2010).

Form partnerships with diverse training sites where students can gain valuable opportunities to work with LGBT clients. The best way to improve skills is through practicum or internship training working with sexual minorities. Programs should be proactive and intentional in finding training sites where students may be afforded the opportunity to work with sexual minority clients for individual, group, couples, and family counseling.

Collaborate with local community or campus LGBT organizations and/or alliances to offer training and experiential opportunities for students. Provide opportunities for students to expand their knowledge base and level of interactions with the LGBT community by engaging in Safe Space, Safe Zone, or similar trainings that address homophobia and illuminate the needs of the community. Members from these organizations can also serve as an advisory body to strengthen the relationship between the program and the local LGBT community.

Engage in multicultural counseling competence and skills training as an emerging or established counselor. Multicultural counseling competence is a developmental journey that begins as a counselor education student and continues throughout the counselor's career. Counselors at all developmental stages are challenged to recognize their biases and how they may unintentionally lead to discriminatory and culturally incompetent practices in working with others who are perceived as being culturally different. Depending on when faculty members completed their training programs, multicultural counselor education may not have been required in the curriculum. Since heterosexism has historically been omitted or under-addressed in training, it is critical that counselor educators participate in professional development to hone their skills and engage in critical self-reflection around issues of oppression and equity for the LGBT population.

Incorporate faculty and student accountability by adopting the ALGBTIC Competencies for Counseling Lesbian, Gay, Bisexual, Queer, Questioning, Intersex, and Ally Individuals (LGBQIQA) and other informal and formal assessments to assess student skills. By using the ALGBTIC competencies as a guide, programs can begin to offer training relevant to working with sexual minority clients. It will be important to evaluate student attitudes and competencies before, during, and after the training in order to provide feedback to the program on the strengths and weaknesses of training. Programs can create informal assessments or adopt formal tools such as Bidell's (2005) Sexual Orientation Counselor Competency Scale (SOCCS).

Remember that identities are fluid, multidimensional, and intersectional. Counselors have multiple identities that simultaneously intersect and may influence the lens through which they see the world and how the world may see them. Considering issues of privilege, oppression, and intersectionality is encouraged when conceptualizing the presenting concerns of LGBT clients. For example, an African American lesbian is vulnerable to experiencing oppression as a woman, an African American, and a lesbian. By focusing on only one identity, the counselor may neglect the simultaneous impact of the other equally important multicultural factors in her life. D'Andrea and Daniels' (2001) RESPECTFUL counseling model is an integrative and

multidimensional approach to addressing and understanding the multiple factors that influence the psychological development of the client as well as the practitioner.

Advocate for more specificity in the CACREP Standards. Programs are strongly encouraged to take an active role by submitting feedback regarding the lack of specificity in the Diversity and Advocacy areas. Professional counseling organizations can create and disseminate position statements regarding draft changes in CACREP Standards. Reverting to specific language in the 2001 CACREP standards and stressing the need for programmatic integration of the competencies advocated by ALGBTIC would provide counselor education programs more guidance in addressing the needs of the LGBT population.

Interrupt the heterosexist status quo by being a LGBT ally. A LGBT ally is "a heterosexual individual who is supportive of lesbian, gay, bisexual, and transgender persons" ("LGBTQ Allies," 2012). Silence on issues important to LGBT clients may be perceived as endorsing the heterosexist status quo. Counselor educators are in a position of power by advocating for the rights and concerns of the LGBT population through their teaching, supervision, scholarship, and service. Being a vocal, active LGBT ally includes being willing to be open-minded, actively confront one's own prejudices, and advocate for the rights and inclusion of those who identify as LGBT, even when it is uncomfortable or unpopular.

Conclusion

Without clear CACREP Standards, training programs may intentionally or unintentionally undervalue the importance of training students to develop competencies in counseling members of the LGBT community. While the addition of the Diversity and Advocacy component was a positive change to the 2009 CACREP standards, it does not specify competency requirements for working with sexual minorities. The vague language in the drafts of the CACREP 2016 Standards addressing sexual orientation mirrors how members of the LGBT population are marginalized by society-at-large. CACREP's lack of specificity may influence accredited programs to hold a similar, marginal stance to LGBT-specific educative and training endeavors.

Until CACREP Standards hold programs responsible for providing competency training to work with LGBT clients, they are a minimal guide in preparing future counselors to work with LGBT clients and to advocate for equal rights. Counselor Education programs are encouraged to interrupt the status quo by going beyond what is prescribed by CACREP to develop more competent clinicians to serve the LGBT community.

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Appendix

Specialization-Specific Areas of Competency

Specialization(s)	Dimensions Needing Elaboration (CACREP Draft #2, 2013)	Empirically-based Key Issues
Addiction Counseling	- Contextual Dimensions (J): factors that increase the likelihood for a person, community, or group to be at risk for or resilient to psychoactive substance use disorders - Contextual Dimensions (L): importance of vocation, family, social networks, and community systems in the addiction treatment and recovery process - Contextual Dimensions (N): culturally relevant education programs that raise awareness and support addiction and substance abuse prevention and the recovery process	- Academic programs are not providing the foundation for effective practice (Matthews, Selvidge & Fisher, 2005). - Substance abuse is a coping mechanism which results in dependency (Cabaj, 2000). - LGBT clients are more likely to use and abuse substances (CSAT, 2001). - Drug and alcohol use is caused in part due to internalized homophobia (Cheng, 2003). - Counselor education programs should address sexual identity development considering that acceptance of self is a contributing factor of substance use (Weber, 2008).
Career Counseling	- Contextual Dimensions (I): factors that affect clients' attitudes toward work and their career decision-making processes - Contextual Dimensions (K): implications of gender roles and responsibilities for employment, education, family, and leisure	- Coming out is a key issue which should be addressed in the counseling process (Pope et al., 2004). - Co-existing and competing minority statuses have a marked impact on career-related decisions (Datta, 2009). - Transgender issues related to insurance coverage and use of the correct pronouns in practice should be focused on (Kirk & Belovics, 2008). - Dual identity development as well as a hyper-focus on career-related endeavors has an impact on the well-being of clients (Lyons, Brenner & Lipman, 2010). - Past experiences of LGBT discrimination and dual minority status contribute to negative work-based outcomes (Schneider & Demito, 2010).
Clinical Mental Health Counseling	- Contextual Dimension (P): cultural factors relevant to clinical mental health counseling	- The prevalence of mental disorders is higher among gay and bisexual men (Cochran, Sullivan, & Mays, 2003). - Gay-related stress is a predictor of depressive symptoms (Lewis, Derlega, Griffin, & Krowinski, 2003)
Marriage, Couple, and Family Counseling	- Contextual Dimensions (H): structures of marriages, couples, and families - Contextual Dimensions (K): human sexuality and its effect on couple and family functioning - Contextual Dimensions (P): cultural factors relevant to marriage, couple, and family	- Same gender couples face the additional challenge of the expectation of raising a heterosexual child with increased recrimination if the child identifies otherwise (Lev, 2010). - Initial establishment of same-sex families in a heteronormative society place the family at a distinct disadvantage (Gianino, 2008). - Proposed and passed legislation which places same-sex families in a reduced capacity in society has marked psychological consequences (Rostosky, Riggle, Horne, Denton & Hullemeier, 2010; Horne, Rostosky & Riggle,

	functioning, including the impact of immigration	2008). - Therapists should make an active commitment and communicate their stance as an LGBT-affirmative practitioner (McGeorge & Carlson, 2011).
School Counseling Postsecondary Counseling	- Contextual Dimensions (F): school counselor roles as leaders, advocates, and systems change agents in P-12 schools - Contextual Dimensions (G): school counselor roles in consultation with families, school personnel, and community agencies - Contextual Dimensions (J): current trends in higher education and the diversity of postsecondary education environments - Contextual Dimensions (L): environmental, political, and cultural factors that affect the practice of counseling in postsecondary educational settings	- Environmental stressors as well as policies of exclusion have profoundly a negative impact on development (Kosciw, Grytak & Diaz, 2009). - The establishment of positive environments specifically for students developing or espousing an LGBT identity is critical (Birkett, Espelage & Koenig, 2009). - Support for LGBT students above and beyond what is typically offered is critical as the impact of bullying is impacts these students to a larger extent (Espelage, Aragon & Birkett, 2008). - Negative behavior and academic issues can be the manifestation of difficulties related to an emerging LGBT identity (DePaul, Walsh & Dam, 2009).