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This document is intended to provide counseling and related professionals with competencies for working with Lesbian, Gay, Bisexual, Queer, Intersex, Questioning and Ally (LGBQIQA) individuals, groups, and communities. Those who train, supervise, and/or educate counselors may also use these competencies as a framework for training, practice, research, and advocacy within the counseling profession in order to facilitate trainee growth towards LGBQIQA competence. Transgender people are not addressed in the current document as the document *American Counseling Association's (ACA) Competencies for Counseling with Transgender Clients* (2010) specifically addresses counseling with these individuals.

The aim of these competencies is to provide a framework for creating safe, supportive, and caring relationships with LGBQIQA individuals, groups, and communities that foster self- acceptance and personal, social, emotional, and relational development. The current competencies are geared toward working with adult individuals, groups, and communities, and while much that is written is applicable to children and adolescents, counseling professionals and related professionals should certainly take into consideration the specific developmental needs in their work with individuals across the lifespan. Furthermore, as each counseling professional enters their work with LGBQIQA individuals, groups, and communities at a different level of competence, the body of this document and the resources

and qualitative findings, and must not be undertaken. When individuals inquire about previously noted techniques, counselors should advise them of the potential harm related to these interventions and focus on helping individuals to achieve a healthy, congruent affectional orientation or gender identity/expression. Counseling approaches that are affirmative of these identities and realities are supported by empirical findings, best practices, and professional organizations such as ACA and APA.

A second issue within the counseling field that is discussed in these competencies relates to the practice of any forced changes for Intersex individuals. Consistent with a resolution passed by the Governing Council of ACA and the position of the Intersex Society of North America (ISNA), the authors are opposed to any practices that promote forced changes of Intersex individuals. In addition to stating opposition, the authors encourage counseling professionals to advocate for Intersex individuals' right to self-determinism and full disclosure regarding their bodies and health.

B. 5. Acknowledge that heterosexism and sexism are worldviews as well as value-systems that may undermine the healthy functioning of the affectional orientations, gender identities, and behaviors of LGBQQ persons.

B. 6. Understand that heterosexism and sexism pervade the social and cultural foundations of many institutions and traditions and may foster negative attitudes, overt hostility, and violence toward LGBQQ persons.

B. 7. Recognize how internalized prejudice, including heterosexism, racism, classism, religious/spiritual 1ahscitinetns anb2(sl)1(hsm,)29.8(r)-2(d)23(lt)12.9(itm,)29.8(r)etm,and sexism aay finflunce tolrwenattitude as w] pidiv9.8(o)-14.89io

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the helping relationship and influence the counseling process. Use self-disclosure about the counselor's own affectional orientation and gender identity/expression judiciously and only when it is for the LGBQQ individual's benefit.

C. 7. Seek consultation and supervision from an individual who has knowledge, awareness, and skills working with LGBQQ individuals for continued self-reflection and personal growth to ensure that their own biases, skill, or knowledge deficits about LGBQQ persons do not negatively impact the helping relationships.

C. 8. If affectional orientation and/or gender identity/expression concerns are the reason for seeking treatment, counselors acknowledge experience, training, and expertise in working with individuals with affectional orientation and/or gender identity/expression concerns at the initial visit while discussing informed consent and seek supervision and/or consultation as necessary.

C. 9. Understand that due to the close-knit nature of LGBTQIQA communities, multiple relationships with LGBQQ individuals are not always avoidable or unethical and may impact the helping relationship. Counselors should seek appropriate supervision and/or consultation in order to foster ethical practices.

C. 10. Recognize the emotional, psychological and sometimes physical harm that can come from engaging clients in approaches which attempt to alter, "repair" or "convert" individuals' affectional orientation/ gender identity/expression. These approaches, known as reparative or conversion therapy lack acceptable support from research or evidence and are not supported by the American Counseling Association or the American Psychological Association. When individuals inquire about these above noted techniques, counselors should advise individuals of the potential harm related to these interventions and focus on helping clients achieve a healthy, congruent affectional orientation/gender identity/expression.

C. 11. Understand the unique experiences of bisexuals and that biphobia is experienced by bisexuals in both the LGBTQIQA and heterosexual communities.

C. 12. Ensure that all clinical-related paperwork and intake processes are inclusive and affirmative of LGBQQ individuals (e.g., including "partnered" in relationship status question, allowing individual to write in gender as opposed to checking male or female).

C. 13. Recognize that the individual's LGBQQ identity may or may not relate to their presenting concerns.

C. 14. Conduct routine process monitoring and evaluation of the counselor's service delivery (treatment progress, conceptualization, therapeutic relationship) and, if necessary, re-evaluate their theoretical approach for working with LGBQQ individuals given the paucity of research on efficacious theoretical approaches for working with LGBQQ individuals.

C. 15. Recognize and acknowledge that, historically, counseling and other helping professions have compounded the discrimination of LGBQQ individuals by being insensitive, inattentive, uninformed, and inadequately trained and supervised to provide culturally proficient services to LGBQQ individuals and their loved ones. This may contribute to a mistrust of the counseling o a loved olyu-1.2 Td9(yuS1(r)13.9(n8(x(y

D. *r* *r*

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D. 1. Understand LGBQQ group members have the resiliency to live fully functioning, healthy lives despite experiences with prejudice, discrimination, and oppression.

D. 2.

D. 16. Work collaboratively with LGBQQ group members in both heterogeneous and homogeneous group settings to ensure group treatment plan expectations and goals attend to the safety, inclusion, and needs of LGBQQ members.

D. 17. Intervene actively when either overt or covert disapproval of LGBQQ members threatens member safety, group cohesion and integrity.

D. 18. Utilize consultation and supervision with mental health professionals who are competent and experienced in working with LGBQQ issues if they do not have previous counseling experience working withLGBQQ individuals in both LGBQQ specific and non- specific groups to help them to develop awareness, knowledge, and skills.

D. 19. Continue to seek awareness, knowledge, and skills with attending to LGBQQ issues in group work. Continued education in this area is a necessity for competent counseling and group work due to the rapid development of research and growing knowledge base related to LGBQQ experience, community, and life within our diverse, heterocentric, and ever- changing society.

D. 20. Understand how group counseling theories may not take into account the unique barriers and challenges LGBQQ individuals face. Understand that the use of particular group counseling theories may not have been normed for LGBQQ individuals, and that group counselors should keep this in mind so that interventions based on such theories are assessed for their efficacy.

D. 21. Be aware of the important role that Heterosexual Allies may have in heterogenous groups to provide support and encouragement to LGBQQ members.

E. ***r*** ***r*** **E** ***r***

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E. 1. Utilize an ethical decision-making model that takes into consideration the needs and concerns of the LGBQQ individual when facing an ethical dilemma.

E. 2. Utilize a collaborative approach with LGBQQ individuals to work through ethical dilemmas that impact the professional relationship when appropriate.

E. 3. Consult with supervisors/colleagues when their personal values conflict with counselors' profrov8mS(r)1.9(slmt12k2.

F. 5. Be aware and share information with LGBQQ individuals the degree to which government (i.e., federal, state, and/or local) statutes, union contracts, and business policies perpetuate employment discrimination based on affectional orientation and gender expression and gender identity and advocate with LGBQQ individuals for the promotion of inclusive and equitable policies.

F. 6. Understand how experiences of discrimination, oppression, and/or violence may create additional inter/intrapersonal barriers for LGBQQ individuals at work (e.g. decreased career/job satisfaction, lack of safety and comfort, interpersonal conflict, etc.).

F. 7. Understand how experiences of discrimination and oppression related to affectional orientation and/or gender identity/expression at work may be compounded when other experiences of discrimination or oppression are also experienced (e.g. racism, classism, ableism, ageism, religious discrimination, lookism, nationalism, etc.).

F. 8. Advocate for and with LGBQQ individuals and support the empowerment of LGBQQ individuals to advocate on their own behalf to promote inclusive policies and practices in the workplace as they are applicable on a micro-level (e.g. training on LGBQQ issues in the workplace), meso-level (in local communities) and macro-levels (e.g. in the larger communities with policies, legislations, and institutional reform).

F. 9. Demonstrate awareness of the challenges and safety concerns involved with coming "out" to co-workers and supervisors and how that may affect other life areas (e.g. housing, self-esteem, family support, upward employment opportunities).

F. 10. Maintain and ensure confidentiality of LGBQQ identities when advocating for an individual in the workplace even though individuals may be out in their community or in other personal areas.

F. 11. Link individuals with LGBQQ mentors, role models and resources that increase their awareness of viable career options, when appropriate.

F. 12. Increase knowledge and accumulate resources for LGBQQ individuals of workplaces that have a reputation of being safe, inclusive and embracing environments.

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G.1. Become informed (via empirical and theoretical literature and supervision/consultation with LGBTQIQA communities resources) of the spectrum of healthy functioning within LGBTQIQA communities. Appreciate that differences should not be interpreted as psychopathology, yet they often have been interpreted in harmful ways to LGBTQIQA individuals/couples/families (e.g. the history of support and use of reparative/conversion therapy within the mental health field).

G.2. Acknowledge that affectional identity, gender identity, and other intersecting identities (race, ethnicity, class, ability, age, etc.) may or may not be the presenting concern for LGBQQ individuals, but that experiences of oppression may impact presenting issue(s).

G.3. Understand that at times individuals may present more positively to counseling than their actual experiences if they have not identified the oppressions or identity-stresses they may have experienced or if they have high levels of internalized oppression. Internalized oppression presents in a variety of ways and can sometimes be difficult to identify. Some examples are: an individual who uses heterosexist language while not understanding how this correlates to low self-esteem, low desire for partners, and/or low tolerance for people of the same community; an individual believes that the stereotypes they hear about their identity are indeed true of all people of that identity; individuals feel incapable of success because they have heard so many negative things about people whose identity they share.

G.4. Be aware of how their own biases and/or privileges may influence their assessment with each LGBQQ individual, for example, promoting a particular course of treatment and/or overlooking individual's challenges.

G.5. Utilize supervision and consultation (from an individual who has knowledge, awareness, and skills in working with LGBQQ individuals) as a tool to help counselors recognize and minimize biases and avoid misuse/abuse of privilege and power.

G.6. Understand and be aware of the historical and social/cultural context regarding the practice of assessment, particularly in relation to underserved populations, such as LGBQQ individuals/couples/families.

G.7. Recognize that assessment procedures can be potentially helpful as well as potentially harmful to individuals/families and be cognizant of the legal and ethical guidelines regarding best-practice standards for assessment with LGBQQ individuals/couples/families, (e.g. ACA Code of Ethics and Standards for Multicultural Assessment). Also be aware that legal codes and ethical guidelines may conflict, especially where LGBQQ individuals do not have equal rights and protections.

G.8. Understand the standard features of assessment: test development/item development, normative samples, psychometric properties (validity, reliability) and demonstrate knowledge of diversity issues impacting the development, norming, administration, scoring, interpretation, and report writing dimensions of the assessment process.

G.9. Seek out the perspectives and personal narratives of LGBQQ individuals and communities as essential components in order to more fully understand appropriate assessment of LGBQQ people.

G.10. Understand that bias in assessment can occur at several levels (i.e., theoretical considerations, content of items, language and meaning of items, values/assumptions of items, normative samples, referral question, and examiner-examinee dynamics). Thus, competent counselors must critically evaluate assessment procedures and instruments with attention to appropriateness of language usage in referral questions, diagnostic considerations, individual's personal identity, and practice settings.

G.11. Recognize that there have been very limited attempts, to date, to interprminssT9(t)-2p(t)9.7(o)29.8(int)8.8(e)2.9(r

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H.1. Be aware that the counseling field has a history of pathologizing LGBQQ individuals and communities (e.g., studies of homosexuality as a "disorder" and research agendas that seek to "prove" that affectional orientation and/or gender identity/expression can be "changed"). Understand that these approaches to research and program evaluation have been deemed harmful and unethical in their research goals by professional organizations in the field (see Introduction).

H.2. Be aware of existing LGBQQ research and literature regarding social and emotional well-being and challenges to identity formation, resilience and coping with oppression, as well as ethical and empirically supported treatment options.

H.3. Have knowledge of the gaps in scholarship and program evaluations regarding understanding the experiences of LGBQQ individuals, families, and communities (e.g., research on couples may not include the experiences of LGBQQ partners or relationship configurations). Understand how this gap widens when other marginalized identities are considered (e.g. LGBQQ People of Color, LGBQQ People who are Differently Abled, etc.)

H.4. Understand how to critically consume research and program evaluations with LGBQQ individuals and communities so that future research endeavors may assist with understanding needs, improving quality of life, empowering LGBQQ individuals, and enhancing counseling effectiveness for LGBQQ individuals.

H.5. Be current and well-informed on the most recent scholarship (e.g., research studies, conceptual work, program evaluation) with LGBQQ individuals and communities.

H.6. Understand limitations of existing literature and research methods regarding LGBQQ individuals with regard to sampling (e.g., racial/religious diversity), confidentiality issues (e.g., LGBQQ youth who are not "out" to their parents and cannot seek parental consent for participating in studies), data collection (e.g., accessing samples who are not "out"), and generalizability across the distinct identities within LGBQQ identities and experiences (e.g., research on gay men may not be generalizable across lesbians or bisexual men).

H.7. Seek to be intentional when sampling LGBQQ individuals and communities so that participant samples represent a wide range of diversity (e.g., race/ethnicity, gender, ability status, social class, geographic region, national origin, etc.) and note in limitations when it is not possible to generalize to particular populations.

H.8. Have knowledge of qualitative, quantitative, and mixed-methods research processes, the application of these methods in potential future research areas such as individual experiences of LGBQQ people, counselor awareness and training on LGBQQ concerns, reduction of discrimination towards LGBQQ individuals, advocacy opportunities for positive social change in the lives of LGBQQ individuals, and strengths of LGBQQ families and parenting.

H.9. Understand how to utilize research and program evaluation participation incentives to provide valuable resources to LGBQQ individuals, communities, and those that serve these populations.

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: In this section, you will notice that T is often included in the acronym LGBTQIQA. This is intentional as allies can be allies to all members of the LGBTQIQA community.

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In addition to being competent working with LGBTQIQ individuals, counselors who are allies will demonstrate behaviors and attitudes that may be outside their role as counselors. Counselors who are allies of the LGBTQIQ community will observe the following guidelines (adapted from http://www.mnsu.edu/lgbtc/resource.html):

AWARENESS:

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I. 1. Become aware of who they are and how they are different from and similar to LGBTQIQ people. Such awareness can be gained through conversations with LGBTQIQ individuals and communities; reading about LGBTQIQ people, their lives, and their histories; attending workshops, seminars, conferences, and meetings; and self-reflection.

KNOWLEDGE:

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I. 2. Educate themselves on current issues affecting LGBTQIQ individuals and communities, through conversations with LGBTQIQ individuals and communities; reading about LGBTQIQ people, their lives, and their histories; and attending workshops, seminars, conferences, and meetings.

I. 3. Know and understand how socio-cultural, political, and economic climates and the resulting institutional practices, laws, and policies affect the LGBTQIQ community.

I. 4. Know and understand how LGBTQIQ individuals experience their intersecting identities within their own development and their communities.

SUPPORTING INDIVIDUALS' DECISIONS ABOUT COMING OUT:

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I. 5. Acknowledge that the process and extent of coming out should be the decision of the individual.

I. 6. Validate the potential struggle of LGBTQIQ persons as they navigate their coming out process through such techniques as empathic listening and reflective feedback.

I. 7. Allow LGBTQIQ persons to define and place in perspective their own developmental process.

I. 8. Take proactive measures in seeking out a competent and experienced supervisor/consultant with expertise working with LGBTQIQ individuals, use remediation efforts to develop expertise and competence, and make adjustments in providing services as needed.

FACILITATE SUPPORTIVE ENVIRONMENTS:

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I. 9. Encourage and promote an atmosphere of respect through such actions as displaying LGBTQIQ-supportive periodicals, books, or posters in the office, or providing take-home LGBTQIQ-oriented literature.

I. 10. Acknowledge, appreciate, and celebrate differences among individuals and within groups (e.g., acknowledging the intersecting identities of a Gay, African-American male of the Muslim faith).

I. 11. Use inclusive and respectful language (e.g. using the term partner rather than specific terms like spouse, wife, husband, boyfriend, or girlfriend in general situations and using specific terms to honor personal choices when directed to do so by the individual).

I. 12. Be a safe and open-minded person to talk with by facilitating open and honest discussions about LGBTQIQ issues.

I. 1.3 Object to and eliminate jokes and humor that put down or portray LGBTQIQ people in stereotypical ways.

I. 14. Counter statements regarding affectional orientation or gender identities which are not relevant to decisions or evaluations concerning LGBTQIQ individuals (e.g. Responding to statements such as, "Well you know he's bisexual, but that doesn't matter as long as he does his job" or "Well you know they are a female couple raising a child so they may not have the resources a 'normal' couple has").

I. 15. Encourage continuing education and professional development activities regarding LGBTQIQ topics.

I. 16. Confirm with LGBTQIQ staff their willingness to consult on LGBTQIQ issues with other staff members.

I. 17. Refrain from referring all LGBTQIQ issues to LGBTQIQ staff/faculty because they may not have any expertise in LGBTQIQ issues and/or their expertise may not be limited to LGBTQIQ issues. Promote an atmosphere where all individuals are encouraged to know about LGBTQIQA identities.

I. 18. Be purposeful in recruitment and retention of staff and faculty who identify as LGBTQIQA.

I. 19. Include affectional orientation and gender identity/expression in discussions of diversity and promote an atmosphere in which LGBTQIQ identities are desired in a multicultural setting.

I. 20. Advocate with administrators to require competency in working with LGBTQIQ individuals (e.g., staff, faculty, students, or clients).

I.21. Acknowledge that a safe and supportive environment may enable LGBTQIQ people to openly share their identity, among other benefits. However, the decision of when, how, and who to come out to should always be made solely by the individual.

I. 22. Recognize that polices ensuring non-discrimination based on affectional orientation, gender identity, and gender expression are the responsibility of the agency/organization and not the LGBTQIQA individual.

I.23. Ensure that all clinical-related paperwork and intake processes are inclusive and affirmative of LGBTQIQ individuals (e.g., including "partnered" in relationship status question, allowing individual to write in gender as opposed to checking male or female).

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This section is specific to a counselor working with individuals who identify as an ally. Allies include friends, family, significant others, colleagues/ associates, mentors , those who seek counseling before they identify as allies and may be heterosexual, cisgender and/or members of the LGBTQIQ Communities (e.g., a Cisgender, Bisexual Woman who is a Transgender Ally), particularly when the individual holds an identity that has traditionally been marginalized in the LGBTQIQ Community. As such, this document refers to the identity labels that are self- assumed, rather than externally applied. Additionally, ally development varies from individual to individual, and should be considered when counselors conceptualize working with an individual on issues related to what being an ally means (considering the counselor's and individual's own development). Due to the fact that there are more available resources for

about whether or not to disclose their identity, what the potential risks for doing so in each setting they

I. 37. Acknowledge that there is a general paucity of research regarding allies and stay abreast of current research as it becomes available.

I. 38. Be aware that for members of the LGBTQIQ community who also identify as allies to other identities within the community, that sometimes the label of "ally" is externally applied in an effort to discredit that person's membership in the LGBTQIQ community (e.g., a Bisexual activist is represented in the media as a supporter or Ally of the LGBTQIQA Community instead of a member).

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The Competencies for Working with People who are Intersex is divided into two sections, a basic background overview regarding people who are Intersex and then the competencies. Some basic information is provided up-front due to the reality that people who are Intersex have been historically marginalized by the LGBTQIQA community. Brief Informational Overview on Intersex What is Intersex?

- Although this term is most commonly used to refer to developmental anomalies that result in ambiguous differentiation in of external genitalia (e.g. micropenis, clitormegaly, etc.), it may be used to describe the lack of concordance in the chromosomal, gonadal, hormonal, or genital characteristics of an individual.
- Thus a person who is Intersex is born with sex chromosomes, external genitalia, or an internal reproductive system that are not considered "standard" for either "males" or "females" (also known as Disorders of Sex Development).
- Often there is confusion about how individuals who identify as Intersex differ from individuals who identify as Transgender. While the authors note that Intersex persons may identify and be a part of the Transgender community, we wish to acknowledge that many do not. Therefore we sought to provide a more inclusive, representative section in this document to cover Intersex concerns separately. As noted above there are particular physical developmental considerations that Intersex individuals encounter that differ from individuals who identify as Transgender in general. As noted in the appendix of terminology, persons who are Transgender "challenge social norms" regarding "gender" while those persons who are Intersex represent the developmental anomalies noted above regarding differentiation in genitalia, chromosomes, hormones, etc. in regards to biological sex. While there may be some overlap when Intersex individuals hold a primary identity of Transgender, (which can make it confusing for individuals who have not had extensive connection to these two groups) the important thing to remember with all identities is that counselors should always follow the client's lead in terms of the appropriate terminology, labels, and issues of importance to them individually. This section will hopefully provide a guide to helping individuals whose primary identity is Intersex.

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- Chromosomal abnormalities including: Klinefelter's syndrome (XXY), Turner's syndrome, XXX syndrome (also called "triple X" or "superfemale")
- Congenital adrenal hyperplasia (CAH) (genetic female appears male)
- Fetal exposure to progestins (progestins - oral) or androgens
- Testicular feminization syndrome (TFS)
- Androgen insensitivity syndrome (AIS)
- XY gonadal dysgenesis
- XY gonadal agenesis
- Cryptophthalmos
- Smith-Lemli-Opitz
- 4p syndrome
- 13q syndrome
- Mayer Rokitansky Kuster Hauser syndrome (MRKH)
- Mixed adrenal dysgenesis
- Maternal ingestion of certain medications (particularly androgenic steroids)

- Lack of production of specific hormones, causing the embryo to develop with a female body type regardless of genetic sex
- Lack of testosterone cellular receptors

The instance of intersex anomalies has been estimated to be between 1 in every 100 to 1 in every 4500 (1 in 2000 is

J. 16. Be aware of how the general paucity of research about counseling has been normed on people who are Intersex and thus may not generalize to this population.

J. 17. Be aware of how people who are Intersex are often marginalized in the discussion of LGBTQIQA communities, but rarely experience those communities as inclusive or welcoming. (E.g., although the "I" for people who are Intersex is often included, the needs and concerns of people who are Intersex are not usually included in the work of the LGBTQIQA community.)

J. 18. Be aware of the official stance of the American Counseling Association in regard to people who are Intersex (Resolution to Protect Intersex Children from Unwanted Surgery, Secrecy and Shame, April 1, 2004).

J.19. Empower parents to advocate and resist oppression from medical communities and help them to talk directly to their child's doctor themselves without the counselor present.

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A : The term ally as used in this document refers to a counselor or a client who provides therapeutic or personal support respectively, to a person or persons who self-identify as LGBTQIQ. Allies include friends, family,

community to make known what concerns, identities, experiences, etc. are most salient at that time.

E B A : A woman who is emotionally, physically, mentally, and/or spiritually oriented to bond and share affection with other women.

K : Lookism refers to oppression, harassment, discrimination, prejudice, microaggressions, and so forth targeted towards people's outward appearance based on commonly understood standards of beauty, which are socially constructed.

A A : Nationalism refers to oppression, harassment, discrimination, prejudice, microaggressions, and so forth targeted towards people who are not or are perceived as not being "citizens" of a specific nation, and are treated differently when they do not assimilate or conform to the culture and traditions of the nation in power. Nationalism also contains the belief that one's nation is better than all other nations, and therefore it seeks to promote the customs, traditions, and culture of one's nation as superior.

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