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# Working With Lesbian, Gay, Bisexual, Transgender, and Questioning Youth: Role and Function of the Community Counselor

Amy C. Orecchia

**Abstract:** As the field of counseling psychology strives to promote awareness of multicultural issues, an important population for community counselors is lesbian, gay, bisexual, transgender, and questioning adolescents. LGBTQ youth are at high risk for a number of clinical disorders and maladaptive behaviors and could benefit from therapeutic interventions. However, in order for professionals to be effective in reducing the risks for this stigmatized group, they need to be educated about salient issues such as sexual identity formation and the coming-out process. Counselors must also be open to exploring and acknowledging their own biases. In addition to cultural competence, effective therapists will likely work with the youth's entire family and take on a social advocacy role.

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For a counselor working with youth in the community, a central concern is "at-risk" youth (Capuzzi & Gross, 2004). While there are many difficulties with actually defining the population "at-risk youth," adolescents are typically labeled at-risk when they exhibit destructive behaviors or symptoms. Some examples include drug or alcohol abuse, eating disorders, sexual acting out, gang membership, and low self-esteem (Capuzzi & Gross, 2004). Because the stress of developing a healthy identity in a homophobic world often leads to these or similar problems, lesbian, gay, bisexual, transgender, and questioning youth are at risk (Cooley, 1998; Gutiérrez, 2004; Hershberger & D'Augelli, 2000). The LGBTQ population also utilizes therapy at a high rate (Perez, DeBord, & Bieschke, 2000) and is doing so at younger ages (Hershberger & D'Augelli, 2000). However, psychologists and mental health workers lack knowledge and expertise in how to effectively work with LGBTQ clients (Perez DeBord, & Bieschke, 2000; Philips & Fischer, 1998). So, how does a therapist work to decrease the risks for adolescent LGBTQ clients? This paper examines the current literature and outlines three main roles for a community counselor to effectively work with LGBTQ youth: cultural competence, working with families, and social advocacy.

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## CULTURAL COMPETENCE

### Multiculturalism

Research in counseling psychology addressing what makes therapy effective has consistently found that client characteristics and therapeutic alliance (a supportive, collaborative relationship between client and therapist) are the most important factors in a successful outcome of treatment (Fouad, 2003; Horvath & Bedi, 2002; Skovholt & Rønnestad, 2003; Wampold, 2001). Throughout the past 20-30 years there has been a growing awareness that cultural differences between therapist and client can affect the therapeutic alliance (Fuertes & Brobst, 2002; Sue & Sue, 1999). However, it is only recently that some researchers have expanded the concept of multiculturalism beyond race and ethnicity to include cultural factors such as gender, economic status, and sexual orientation (Liu & Clay, 2002; Pope-Davis & Coleman, 2001). A more inclusive perspective on multiculturalism is particularly important because, as research on and awareness of specific racial and ethnic cultures increase, issues relevant to the LGBTQ population remain underrepresented in the literature (Carroll, Gilroy, & Ryan, (2002).

Diversity in sexual orientation remains a source of much controversy in American society. As a result, lesbian, gay, bisexual, transgender, and questioning individuals as a minority culture are stigmatized, misunderstood, and oppressed to perhaps a greater extent than racial or ethnic minorities (Canino & Spurlock, 2000; Carroll et al., 2002; Cooley, 1998; Mallon, 2005; Ryan & Futterman, 1998). In a study of counselor educator's multicultural attitudes, Miller, Miller, & Stull (2007) found less bias based on race and gender variables than on sexual orientation variables. They concluded that "counseling psychology programs have had success in improving training to address ethnicity, but not sexual orientation" (p. 332), and stress the need for a more inclusive definition of multicultural competence. If counselors are going to be effective in developing a therapeutic alliance with LGBTQ populations, more research and effort to understand their culture is necessary.

### LGBTQ Culture: Salient Issues for Youth

Although the amount of existing research may be limited, it is the community counselor's job to seek resources and educate him or herself on LGBTQ culture (Carroll, Gilroy, & Ryan, 2002). Research has found that

sexual orientation of the therapist is much less important in treatment success than “general competence, specific knowledge of gay and lesbian issues, sensitivity, and freedom from bias” (Cooley, 1998, p. 33). Among the existing research on gay, lesbian, bisexual, transgender, and questioning adolescents, several issues are apparent. Perhaps the most salient is identity development. Identity formation is an important developmental task for all adolescents (Cooley, 1998). However, this process is fundamentally different for LGBTQ youth compared to their heterosexual peers. Troiden (1988) describes a four-stage model for the development of a healthy LGBT identity. In the first stage, “sensitization,” the youth develops an awareness of being different from others. In the second stage, “identity confusion,” he or she begins to recognize same-sex attractions. In “identity assumption,” the adolescent begins to accept a homosexual identity, and may experiment sexually. Finally, in “commitment,” homosexuality becomes an accepted way of life (Cooley, 1998; Gutiérrez, 2004; Ryan & Futterman, 1998). For most LGBTQ youth, this process is slow and “agonizing” (Sue & Sue, 1999). These teens experience intense inner struggle and a deep sense of isolation, exacerbated by a lack of social support and positive role models (Cooley, 1998; D’Augelli, 2002). It is imperative that counselors are aware of and sensitive to the unique and stressful process of identity formation in adolescent LGBTQ clients.

A second issue closely related to identity development is the coming out process. This process is vital if the adolescent is to overcome the isolation and loneliness of hiding their true identity (Sue & Sue, 1999). However, for good reasons, it is also quite terrifying. In coming out, adolescents risk becoming victims of hostility and even physical harm (Hershberger & D’Augelli, 2000; Roysircar, Sandhu, & Bibbins, 2003). In a survey of over 500 gay, lesbian, and bisexual youths, 75 percent reported being verbally abused and 15 percent physically attacked because of their sexual orientation (D’Augelli, 2002). On a deeper level, LGBTQ youth risk misunderstanding and rejection, a reality that can be paralyzing when teens contemplate coming out to their parents (Sue & Sue, 1999). Sadly, fears about coming out to parents appear to be justified. Some children who come out to their parents are verbally or physically abused by dad, mom, or siblings (D’Augelli, Hershberger, & Pilkington, 1998). Some of these teens run away from home to escape the harassment, and others are “pushed out” of their homes and disowned by parents (Canino & Spurlock, 2000; Cooley, 1998). The actual number of LGBTQ “street kids” is not known. However, some estimates suggest that 25% of homeless youth are

lesbian, gay, bisexual, transgender, or questioning (Ryan & Futterman, 1998). The risks involved with the coming out process are very real. It is also important to recognize that a youth's first disclosures are just the beginning of a lifelong series of coming out processes. The fears about disclosing and the consequences of being "out" will be experienced again and again as the adolescent tells more people in his or her social network (Hershberger & D'Augelli, 2000). Counselors who are familiar with research about the coming out process can be more empathic to LGBTQ youth, validate their fears, and help them face these grim realities.

A third issue for LGBTQ adolescents is that the stress of identity formation and the coming out process can have many negative effects. These problematic symptoms or behaviors have been documented to include: deterioration of academic performance, dropping out of school, homelessness, substance abuse, arrests for criminal activity, sexual victimization, sexually transmitted diseases, mood disorders, and attempted suicide (Bocking, Robinson, & Rosser, 1998; Cooley, 1998; Grossman & Kerner, 1998; Gutiérrez, 2004; Hershberger & D'Augelli, 2000; Mallon, 2005). Perhaps the most disturbing of the above risks, however, is the overwhelming body of evidence indicating that LGBTQ youth are significantly more likely to have attempted suicide than their heterosexual-identified peers (Carroll, Gilroy, & Ryan, 2002; Cooley, 1998; Garofolo, Wolf, Kessel, Palfrey, & DuRant, 1998; Hershberger & D'Augelli, 2000; McDaniel, Purcell, & D'Augelli, 2001; Morrison, & L'Heureux, 2001; Remafedi, French, Story, Resnick, & Blum, 1998; Ryan & Futterman, 1998; Sue & Sue, 1999). Cited reasons for this disparity have linked LGBTQ youths' suicide attempts to isolation caused by gender atypical behavior, family problems, personal turmoil, and substance abuse (Carroll, Gilroy, & Ryan, 2002; Cooley, 1998; Hershberger & D'Augelli, 2000). In working with lesbian, gay, bisexual, transgender, and questioning youth, it is the counselor's responsibility to be informed about the salient issues and risks these adolescents face.

### **Awareness of Personal Bias**

In addition to educating oneself about pertinent issues for LGBTQ clients, counselors must examine and become aware of their own personal biases about sexual orientation if they aim to be truly culturally competent (Liu & Clay, 2002; Roysircar, Sandhu, & Bibbins, 2003). Unfortunately, therapists who work with LGBTQ populations often still display societal

prejudices or are uninformed about relevant issues (Sue & Sue, 1999). Garnets, Hancock, Cochran, Goodchilds, and Peplau (1998) conducted a survey of helpful or unhelpful therapist responses. They found and reported a list of 16 biased or inappropriate practices, which included underestimating the consequences of coming out, focusing on sexual orientation when it is not relevant, and even believing that homosexuality is a form of mental illness and attempting to change the client. Clearly, a clinician's prejudices, even if subtler than the examples just given, can interfere with therapeutic interchanges (Canino & Spurlock, 2000). Cooley (1998) asserts, "As counselors, we must examine our own values and become aware of our own homophobia and how it affects our work with clients of any sexual orientation" (p. 34).

The term homophobia in this context includes global and pervasive expectations about gender and sexuality in our society. For example, thinking a woman with short hair who is not wearing make-up must be a lesbian or assuming a well-dressed man who talks with his hands is gay. Determining whether such stereotypes are myths or realities can be a perplexing task. As Johnson & Keren (1998) acknowledge, stereotypes about gender nonconformity and homosexuality can be both myths and realities. Some LGBTQ individuals exhibit gender nonconformity, but others do not. Some exhibit these behaviors purposefully, while to others, it comes naturally. Others refuse to adhere to the prevailing gendered worldview at all. The authors state that "bewildered clinicians must examine their own theoretical assumptions about gender and sexuality," and be prepared to engage complex dialogues about gender before working with LGBTQ clients (Johnson & Keren, 1998, p. 323).

Similarly, Savin-Williams (2001) cautions that LGBTQ adolescents, just like all adolescents, are not a homogenous group but vary among themselves. Counselors should not immediately assume that just because a youth identifies as LGBTQ, he or she is more likely to abuse substances or commit suicide than heterosexual peers. As they do with any client, therapists should leave behind their "own cultural biases and pre-understandings, to enter the experience of the other" (Laird, 1999, p. 75). This stance is called "informed not knowing" (Carroll, Gilroy, & Ryan, 2002). Remaining informed but objective to specific clients creates an atmosphere of safety and acceptance for the teen (Hershberger & D'Augelli, 2000; Ryan & Futterman, 1998). A critical role of community counselors working with LGBTQ youth is to become culturally competent. This process involves advocating for more research that examines sexual

minority culture, educating oneself on the current literature regarding salient issues LGBTQ adolescents face, and becoming aware of one's personal biases about sexual orientation and gender.

## WORKING WITH FAMILIES

### Coming out to Parents

As previously discussed, for LGBTQ youth, coming out to parents and siblings is extremely anxiety-provoking and can have damaging consequences. Because of the stigmatizing status that an LGBTQ identity continues to hold in American society, these youth need the support and shelter of their families (Mallon, 2005). LGBTQ adolescents must determine whether or not to risk the safety of their homes by revealing their true identities. There are many important factors that may affect whether or not an LGBTQ youth decides to come out to family members. Families with strong religious convictions, for example, may openly condemn homosexuality, unaware that one of their own family members is lesbian or gay (Herman, 1997). This openly hostile home environment makes coming out to the family particularly painful for the adolescent. Additionally, racial minority adolescents may experience more stress and anxiety over coming out than Caucasian youth (Mallon, 2005, Ryan & Futterman, 1998). LGBTQ youth of color face a double-minority status, and "fears about loss of family support may seem too high a price to pay for coming out" (Johnson & Keren, 1998, p. 322). The decision of whether or not to come out to parents is complex and stressful for many LGBTQ youth. When a client is in this decision process, it is important that the counselor not push the adolescent in one direction or another, but rather help him or her realistically examine the consequences of disclosure to family (Hershberger & D'Augelli, 2000). However, if the client chooses to come out to his or her parents, a helpful role for the counselor becomes working with the whole family (Cooley, 1998; Ryan & Futterman, 1998). This role is magnified in light of research suggesting that parental understanding and acceptance of an LGBTQ child is the strongest predictor of favorable adjustment (Savin-Williams, 2003). To effectively work with these youth and their parents, therapists should be aware of common parent reactions and family dynamics after a son or daughter comes out.

## **Parent Reactions**

Parents have a number of strong emotional reactions to their child's disclosure. Although the youth may have spent considerable time preparing to tell his or her family, the family is often caught off-guard and shocked by the disclosure (Mallon, 2005). Most parents respond negatively at first, reporting sadness, regret, depression, and fear for their child's well-being (Hershberger & D'Augelli, 2000). Parents experience grief and loss of the individual they thought they knew, as well as the future they had envisioned for him or her. They may even fear that their parenting caused their child's sexual orientation (Gutiérrez, 2004; Sue & Sue, 1999). Parents are also aware of the shame and secrecy surrounding homosexuality and worry about what their adolescent's disclosure will mean for the family (Mallon, 2005). With these realizations comes the integration of an altered identity. Parents must go through their own coming-out process as they adjust to their new role as parents of an LGBTQ child (Cooley, 1998; Johnson & Keren, 1998). Family therapy can be helpful all-around—not only to help other family members understand what the LGBTQ adolescent is going through, but also to help the adolescent develop more patience and empathy for the family's process (Johnson & Keren, 1998).

## **Therapeutic Process**

Clinical work with families involves, first and foremost, education (Cooley, 1998; Gutiérrez, 2004). Educating family members often means “challenging long-held cultural, religious, and family beliefs about homosexuality, as well as culturally embedded theories regarding its causes” (Johnson & Keren, 1998, p. 321). The therapist can offer relevant journal articles or books for the family to read (Mallon, 2005). It is especially important to let parents know that family environment appears to be unrelated to sexual orientation and that their child is still the same child they loved before (Cooley, 1998). Another goal of family interventions is to create an open and facilitative atmosphere in which all family members can discuss painful feelings and reactions (Johnson & Keren, 1998). Counselors provide support and validation to family members by normalizing their grief, fear, guilt, or anger (Cooley, 1998). In addition, therapists should be familiar with support groups and other organizations in their communities to which they can refer families



(Mallon, 2005). Because coming out to their parents is such an important and difficult process for most LGBTQ youth, counselors must have the skills and resources to work with the families of these clients.

### **SOCIAL ADVOCACY**

A final important role of counselors working with LGBTQ youth and their families is that of social advocate (Cooley, 1998; Gutiérrez, 2004; Hershberger & D'Augelli, 2000; Mallon, 2005). Historically, LGBTQ people sought counseling for "repair" rather than to learn strategies to cope with a hostile environment. "Most contemporary counselors and mental health workers now acknowledge that in providing mental health services to LGB[TQ] people, it is not sexual orientation that needs to be repaired but the hostility expressed against it" (Hershberger & D'Augelli, 2000, p. 241). This recognition should come with a sense of responsibility to work to end that hostility by advocating for the dignity of all LGBTQ people (Cooley, 1998). Working for social change involves gathering accurate information, and educating teachers, school administrators, parents, health care providers, other professionals, and the community at large (Cooley, 1998). It also involves informing lawmakers and government officials involved in setting public policy of the realities surrounding the LGBTQ population to prevent legal decisions from being made on the basis of fears or erroneous stereotypes (Gutiérrez, 2004). Working as an advocate for LGBTQ youth in the community is a vital role for counselors if they are to truly address their clients' concerns.

### **CONCLUSIONS AND FUTURE DIRECTIONS FOR COMMUNITIES**

This paper has argued that successful community counselors working with lesbian, gay, bisexual, transgender, and questioning youth must work to increase the empirical knowledge surrounding LGBTQ issues, educate themselves about those issues, and become aware of their own biases in order to become culturally competent. These counselors must also be prepared to work with youths' families and be advocates for LGBTQ youth in their communities.

These different roles have many implications for practice in the community. One or two therapists cannot change a hostile culture on their own. Schools, hospitals, and community counseling centers must adopt policies and guidelines that ensure quality of care for LGBTQ

individuals (Ryan & Futterman, 1998). Outreach programs should also be put in place so that prevention and education continue outside the specific counseling facility and promote acceptance in the community (Schreier & Werden, 2000). Such programs can effectively use faculty and staff training, human rights advocacy, and existing community resources to “break through the wall of silence surrounding the topic of homosexuality” in schools and greater communities (Gutiérrez, 2004, p. 338). With the support of the institutions and communities in which they work, counselors are better able to be culturally competent about the issues that lesbian, gay, bisexual, transgender, and questioning youth face. It is imperative that community agencies employ policies and programs that allow counselors to take on supportive roles and work effectively with LGBTQ adolescents. A focus on helping this at-risk population is a step toward a healthier community and society as a whole.

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