
WORKING ETHICALLY WITH LGBTQ+ CLIENTS

MEDICAL AND MENTAL HEALTH PROFESSIONALS - DARCY J. CORBITT-HALL, BA



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Organization

LIBERATED SPACE

A place where you are free to express yourself,
ask questions, and not be judged for where
you are in your journey.

OUTLINE

- Understanding LGBTQ+ Identity
- Decoding Privilege and Biases
- Developmental Outcomes
- Ethical Considerations & Competent Practice
- Resources



UNDERSTANDING LGBTQ+ IDENTITY

DEFINITIONS, MYTHS & SCIENTIFIC EVIDENCE



ACTIVITY 1: TRUE OR FALSE

- F** ■ Transgender people are gay
- F** ■ High rates of depression and anxiety are proof that LGBTQ+ people have a disorder
- T** ■ Everyone has a gender identity and sexual orientation
- F** ■ Therapy can fix people attracted to the same sex
- T** ■ Transgender identity is a normal expression of human identity

SEXUAL ORIENTATION TERMS

- Sexual Orientation: Enduring characteristics and attractions
 - Gay/Lesbian: Attracted to members of the same-sex
 - Bisexual: Attracted to members of the same-sex
 - Pansexual: Attracted to individuals regardless of sex
 - Polyamorous: Attracted to multiple people at once (consensual between all partners)
 - Asexual: No attraction/limited sexual attraction
 - Straight: Attracted to members of the opposite sex

GENDER IDENTITY TERMS

- Gender Identity: Enduring internal sense of being a man or a woman
 - Transgender: Identification with a gender opposite that assigned at birth (MTF & FTM)
 - Cisgender: Identification with the gender assigned at birth
 - Agender: Identification with no gender
 - Bigender: Identification with both genders
 - Gender-queer: Identification with multiple genders

MYTHS

- Being gay is a choice
- LGBTQ+ people are predators
- Allowing children to explore their sexuality or gender identity is abusive
- Sexuality and gender identity can be changed through therapeutic or medical intervention
- LGBTQ+ parents raise dysfunctional children

SCIENTIFIC EVIDENCE

- Sexual Orientation
 - Same-sex attraction emerges between childhood/adolescence, is not a disorder, nor is it a choice (APA, 2016)
 - Same-sex attraction exists in over 1,500 species (University of Oslo, 2006)
- Gender Identity
 - Gender identity and sexual orientation are not synonymous (Bornstein, 1994; Diamond, 2002)
 - Gender identity is not determined by biological sex and is not a choice (Swaab et al., 2009)
 - Being transgender is not a disorder, but is highly correlated with multiple disorders (Mustanski et al., 2010)
 - Gender dysphoria is a sense of being disconnected from sex assigned at birth (APA, 2016)



DECODING PRIVILEGE AND BIASES

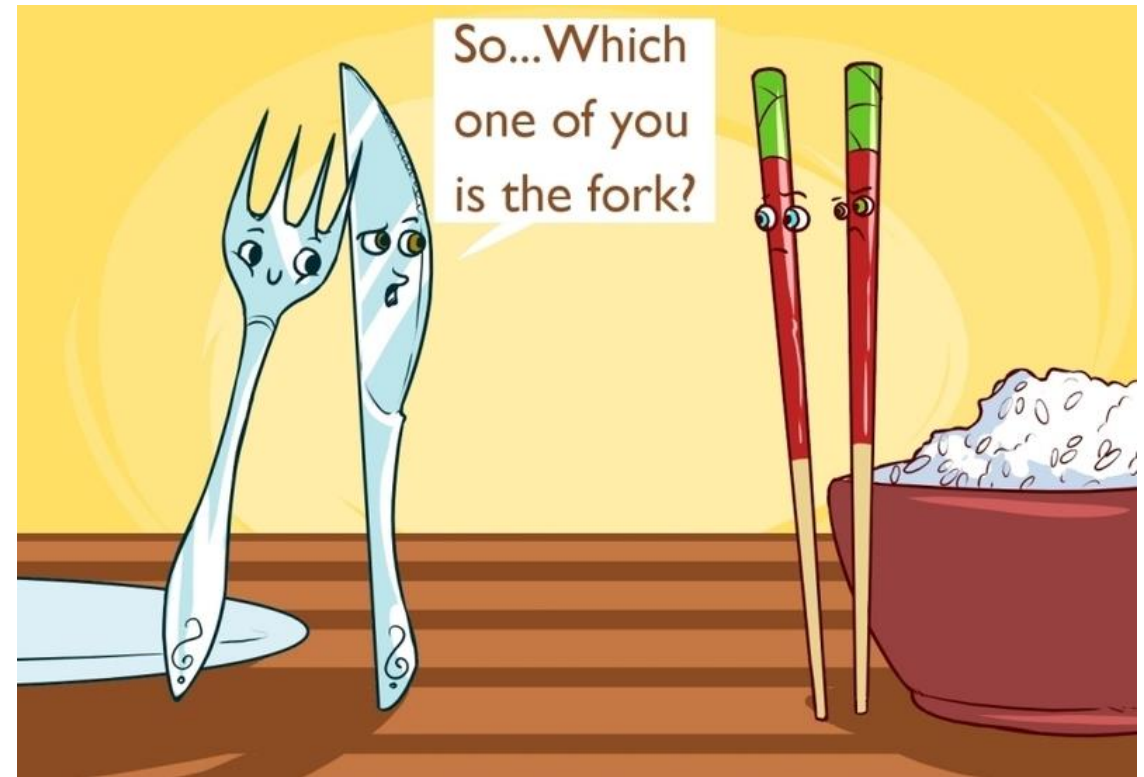
CISHETERONORMATIVE PRIVILEGE, HOMOPHOBIA, & TRANSPHOBIA



CISHETERONORMATIVE PRIVILEGE

- Cisheteronormative: The bias that states that being cisgender (i.e., identification with gender assigned at birth) and hetero (i.e., attracted to same-sex) is normal
- Privilege: A set of *de jure* and *de facto* special rights, advantages, or immunities granted or available only to a particular person or group of people
- Cisheteronormative Privilege: Advantages that come with being cisgender and straight

ACTIVITY 2: IDENTIFYING CISHETERONORMATIVE PRIVILEGES



HOMOPHOBIA & TRANSPHOBIA

- Homophobia/Transphobia: Negative attitudes and beliefs about same-sex attraction/transgender identity
 - Assuming all LGBTQ+ people are bad, crazy, or dangerous
 - Assuming that LGBTQ+ people do not deserve the same rights as “normal people”
 - Focusing only on heterosexual or cisgender issues in the classroom, the clinic, and in the statehouse
 - Jokes in popular media and online about LGBTQ people
 - Perpetuation of negative stereotypes
 - Lack of prominent transgender voices in the public domain



DEVELOPMENTAL OUTCOMES

ACADEMIC, ECONOMIC, HEALTH, PSYCHOLOGICAL & SOCIAL



STATISTICS

- Academic
 - Harassed: 90%
 - Bullied: 49%
 - Sexual Harassment (transgender): 84%
 - Physical violence: 25% (LGB) / 55% (T)
 - Dropout rate: 28%
- Economic
 - Housing discrimination: 10-21%
 - Workplace discrimination: 26-39%
 - Incarceration rate: 30%

STATISTICS

- Health/Psychosocial
 - Alcohol: 2xs more likely
 - Marijuana: 3xs more likely
 - Cocaine/crack: 8xs more likely
 - Mental Health Disorders: 3xs more likely
 - Suicide rate: 30%
 - Suicide attempt rate: 50% (T)
 - Parental abuse/violence: 34% (White) / 46% (Person of Color)
 - Homelessness: 25-40%
 - Murder rate: 1 in 12 (T) / 1 in 8 (T.P.O.C.)

ACTIVITY 3: REFLECTION

- In groups of 2-3 reflect on the following questions:
 1. What emotional reactions did I have to the short film and the statistics?
 2. Thinking about what I now know about LGBTQ+ experiences, how has my privilege affected the life that I have and the opportunities that I have had?
 3. How do (or can) those experiences affect the ways that I approach my LGBTQ+ clients?



ETHICAL CONSIDERATIONS & COMPETENT PRACTICE

ETHICAL GUIDELINES, UNETHICAL PRACTICES & AFFIRMING CARE



ETHICAL PRINCIPLES

- “First Do No Harm” - Key ethical consideration in health/mental health professions
- Every major medical and mental health professional organization affirms LGBTQ+ identity and condemns unethical practices:
 - American Psychological Association
 - American Psychiatric Association
 - American Medical Association
 - American Academy of Pediatricians
 - American Association of Marriage and Family Therapists
 - American Counseling Association
 - National Association of Social Workers
 - National Association of School Psychologists
 - National Association of Physician Assistants

UNETHICAL PRACTICES

- Conversion/Reparation Therapy: There is zero evidence to support this therapy as a best practice
 - Numerous studies have discovered this therapy is iatrogenic (Shidlo et al., 2002)
 - The practice of conversion or reparation therapies is condemned by every major association and consider unethical (Cianciotto et al., 2006)
 - 5 US states, 3 US cities, and the District of Columbia have banned the practice
- Proponents of Conversion/Reparation Therapy
 - National Association for Research and Therapy of Homosexuality
 - Paul McHugh, MD - Psychiatrist at Johns Hopkins
 - Marcus Bachmann, PhD - Clinical Psychologist, Minnesota

AFFIRMING CARE

- Respects the dignity and worth of the client
- Adheres to ethical guidelines for care
- Does not approach the client as a “broken” individual
- Avoids myths and is competent on facts
- Is mindful of individual biases and privileges and makes an effort to suppress them
- For transgender clients: follows the WPATH Standards of Care

ACTIVITY 4: ROLE-PLAYING

- As you watch the first vignette, make note of the following:
 - Unethical behaviors
 - Use of LGBTQ+ myths
 - Homophobia or other biases
 - Cisheteronormative privilege

ACTIVITY 4: ROLE-PLAYING

- As you watch the second vignette, make note of the following:
 - Empathic responding
 - Use of LGBTQ+ facts
 - Positive client education
 - Mindfulness of privilege



RESOURCES

LEARN HOW TO INCREASE YOUR COMPETENCE



LEARN MORE

- Download ND Affirming LGBTQ+ Health Flier/Poster: <http://www.darcycorbitt.org/handouts>
- WPATH Standards of Care: <http://www.wpath.org/>
- LGBTQ Affirmative Mental Health Alliance: <https://www.ndsu.edu/hdfs/ftc/lgbtmha/>
- Continuing Education Opportunities: <http://www.lgbthealtheducation.org/lgbt-education/webinars/>

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