

# Quick Guide for Affirmative Psychotherapy

According to the American Psychiatric Association, the LGBTQ+ community are more than twice as likely as heterosexual, cisgender people to experience a mental health condition in their lifetime. They are also less likely to receive effective, compassionate care. Identifying as LGBTQ+ is not in and of itself a mental illness or disorder. Instead, it is a core component of someone's identity that makes them more likely to struggle with their mental health due to a variety of risks and hardships.

- **For this reason, mental health professionals should strive to grow their skills for working with the LGBTQ+ population on a level that assures non-discrimination, cultural competence, and clinical competence. This includes case conceptualization to provide tailored therapy, support groups, and crisis intervention approaches.**

## Notes of Importance

1. **There is a tendency by society to stereotype LGBTQ+ people. Individuals within the LGBTQ+ community comprise a wealth of different backgrounds, viewpoints, ethnicities, nationalities, genders, and sexual preferences.**
2. **There are few individual, group, or crisis interventions targeting specific issues like identity acceptance, transitioning, and discrimination.**
3. **The social stigma and discrimination faced by LGBTQ+ people can create stress and hardships that, in turn, exacerbate mental health issues.**
4. **It is exhausting for LGBTQ+ people to repeatedly be expected to provide SOGIE education, especially to health and mental health providers.**
5. **LGBTQ+ status is a social determinant of health, with members of the LGBTQ+ community being at greater risk for mental health disparities.**
6. **It is crucial for LGBTQ+ people to have their identities and experiences validated.**
7. **LGBTQ+ people who do not have support available in their immediate vicinity need to see accurate representation of their identity groups in popular culture.**
8. **Treatment for LGBTQ+ people requires an understanding of intersectionality, a framework for explaining how multiple forms of inequality overlap and can (separately or together) create barriers.**



## Important Terms and Concepts

- **Coming Out:** allows someone who has realized they are gay, bisexual, transgender, or otherwise different from what many people view as the “norm” of a heterosexual, cisgender identity.
  - People who “come out” early and at younger developmental ages often face criticism and discrimination when they are less emotionally prepared to handle this stress.
- **Rejection and Isolation:** social consequences, sometimes within a person’s own family and friend group, that reinforces fears of negative judgements that leads a person to choose to keep their identity hidden even from those closest to them.
  - Given older people are at risk of loneliness and social isolation due to loss of family, friends, and work communities, elder LGBTQ+ people are especially vulnerable to isolation.
- **Discrimination and Microaggressions:** LGBTQ+ people are at heightened risk for discrimination and bullying. These individuals face microaggressions (subtle insults directed at marginalized people) daily. Whether intentional or unintentional, being targeted can have adverse effects on mental health.
  - To avoid discrimination, many LGBTQ+ people actively conceal their opinions, thoughts, and feelings in an effort to fit in.
- **Medical Mistrust and Health Disparities:** Members of the LGBTQ+ community often fear seeking medical assistance based on their past experiences, reports from others in the queer community, and harmful medical legislation that does not protect their rights and dignity.
  - In medical settings, LGBTQ+ people have often been misgendered, judged for their sexual behaviors, and given less than adequate care.
- **Lack of Adequate Mental Health Care:** Some clinicians still rely on conversion therapy, now call reparative therapy, approaches to use physical or psychological techniques to “turn someone straight.”
  - Conversion therapies are often faith-based and believe that minority sexual orientations and identities are morally wrong.
- **Inadequate Education and Training Protocols:** Many clinicians lack the knowledge or skills to navigate the identities and backgrounds of people in the LGBTQ+ community, let alone intersecting identities.
  - According to the National Alliance on Mental Illness (NAMI), members of the LGBTQ+ community tend to have better outcomes confronting discrimination, harassment, and societal stressors in the presence of a competent LGBTQ+ mental health professional.
- **Fear of Hate Crimes and Sexual Violence:** Many people in the LGBTQ+ population live in a constant state of threat that they or their loved ones will suffer because of who they are. This is especially true for transgender individuals.



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## Common Mental Health Issues Experienced by LGBTQ+ People

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Exacerbated by high levels of stress connected to having to fight for their identity to be recognized, face confusion and/or persecution in their everyday lives, and generally feel unsafe or unseen. Here are some common issues experienced by the LGBTQ+ community:

### **Anxiety and Depression**

- Anxiety and depression are two of the most common forms of mental illnesses across populations and across developmental stages. It is important to use assessment and case conceptualization to tailor a therapy approach fitted to a specific individual's needs.
- Anxiety manifests as hyperawareness and a constant feeling of being on the edge or afraid, although no real threat is present. Situational anxiety is normal.
- Depression manifests as low enthusiasm for activities, difficulty feeling joy and satisfaction, diminished interest in self-care and social situations and decreased performance in the work, school, and home environments. Sadness is not depression. Sadness is situational, resulting from discrete events.

### **Post-Traumatic Stress Disorder (PTSD)**

- PTSD includes symptoms relating to traumatizing experiences that someone hasn't adequately processed. Members of the LGBTQ+ community are particularly susceptible to PTSD, especially arising from:
  - People not being supportive of one's coming out
  - Abuse at the hands of family members or partners
  - Verbal harassment, bullying, and discrimination
  - Learning about bad things happening to peers, friends, or other loved ones
  - Conversion therapy

### **Eating Disorders**

- Research shows that the LGBTQ+ community experiences a greater incidence of eating disorders and disordered eating behavior than their heterosexual or cisgendered counterparts. Factors leading to increased risks for the LGBTQ+ population include experiencing stigma or shame, concealing their true identity, and body dissatisfaction.

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## APA Guidelines for Mental Health Professionals Working with LGBTQ+ People

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**1. Understand that a person's sexual orientation and/or gender identity and expression are not indicative of mental illness.**

- Pro Tip: Listen to an LGBTQ+ person's presenting concerns and conduct a comprehensive assessment to formulate a treatment approach.





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**2. Recognize how attitudes and knowledge about sexual orientation and gender identity issues may be relevant to assessment and treatment and seek consultation or make appropriate referrals when indicated.**

- Pro Tip: Seek clinical consultation to ensure you are providing LGBTQ+ people effective treatment based on facts and not your own hypotheses or hunches. If the individual's issues, treatment needs, or preferences do not align with your treatment approach, refer out to vetted LGBTQ+ affirming services.
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**3. Strive to understand the ways in which social stigmatization pose risks to the mental health and well-being of LGBTQ+ people.**

- Pro Tip: Stay abreast of current events and legislation that impact the LGBTQ+ community in both positive and negative ways. Make space for individuals to discuss their personal experiences of stigmatization. Keep a list of resiliency-based resources to refer to for support outside of the therapy setting.
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**4. Seek to understand how inaccurate or prejudicial views of sexual orientation and gender identity and expression may affect a person's presentation in treatment and the therapeutic process.**

- Pro Tip: Begin the therapy process with a discussion about logistical and perceptual barriers to seeking treatment and make a plan to address them throughout the therapy process.
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**5. Strive to be knowledgeable about and respect the importance of LGBTQ+ relationships, especially in regards to degree a person is comfortably out with family, etc.; difference in disclosure process with different people and in different settings; external pressures; lack of support; custody issues; and navigating legal issues (e.g. home ownership, wills, etc.)**

- Pro Tip: Explore a LGBTQ+ person's support systems, including their relationships with their families of origins, chosen family, culture, and spiritual community. Encourage the person to nurture healthy helping relationships.
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**6. Seek to understand the particular circumstances and challenges facing others close to the person (e.g., parents, siblings, etc).**

- Pro Tip: Inquire about experiences, struggles, and anxieties experienced by the LGBTQ+ person's family and loved ones as a result of their being open with their identities.
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**7. Recognize that the families of LGBTQ+ individuals include people who are not legally or biologically related to them.**

- Pro Tip: To better understand a LGBTQ+ person's family system, do a family tree activity that identifies the person's key relationships and family members.
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**8. Strive to understand how a person’s sexual orientation and gender identity may impact their relationship to their family of origin.**

- Pro Tip: Keep in mind that LGBTQ+ people have a unique relationship with each member of their family and not all are negative. Ask your client about family relationships that are accepting, ambivalent, and/or rejecting.
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**9. Recognize the particular life issues or challenges experienced by LGBTQ+ members of racial and ethnic minorities that are related to multiple and often conflicting cultural norms, values, and beliefs.**

- Pro Tip: Explore with the person how different facets of their personal identity come together to form a whole person. Seek to understand the different ways in which multiple minority statuses may complicate and exacerbate the person’s mental health issues.
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**10. Recognize the particular challenges experienced by bisexual individuals, such as stigma from both heterosexual and homosexual communities; polarization of sexual orientation invalidates bisexuality; and assumption bisexuality is a transitional state.**

- Pro Tip: Ask your bisexual individual to share experiences of stigma or identity invalidation from heterosexual communities and from the LGBTQ+ community. Provide psychoeducation about how the bind of the “double closet” and how a sense of invisibility can exacerbate feelings of depression, anxiety, and hopelessness.
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**11. Understand the special problems and risks that exist for LGBTQ+ youth, such as possibility of experiencing estrangement from parents; vulnerable to homelessness and/or sexual exploitation; increased risk for substance misuse; increased risk for bullying, etc.**

- Pro Tip: Complete a safety assessment early in treatment with a LGBTQ+ youth, include risky behavior/coping strategies, threats of physical and/or emotional harm, and protective and promotive factors.
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**12. Consider generational differences with LGBTQ+ populations and the particular challenges that might be experienced by older populations, such as higher rates economic and health disparities; disproportionately affected by poverty; lack of social and family supports; etc.**

- Pro Tip: Educate yourself on the evolution of the LGBTQ movement to better understand the social climate and legislative changes your older LGBTQ+ client has been through and how these issues might impact their sense of self in later life. Ensure your client has access to helping resources as needed.
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