NEJRSP
NEW ENGLAND JOURNAL OF
RELATIONAL & SYSTEMIC PRACTICE

Working with the Queer Community: An Interview with Jess Stahl

JACQUELINE GAGLIARDI, MA
Editorial Team – *New England Journal of Relational and Systemic Practice*

Jacqueline Gagliardi: Hi Jess. Congratulations on the LBGTQIA+ concentration you developed. I am curious both about the concentration and information that would be helpful when working with LBGTQIA+ clients. How many courses are required and what does the content of the courses look like?

Jess Stahl: Thank you so much, Jackie! I'm happy to talk about both the concentration and best practices when working with LGBTQIA+ clients. Our concentration is available to students in all programs at William James College (PsyD in Clinical Psychology, MA in Clinical Mental Health Counseling, MA/CAGS in School Psychology, MA or PsyD in Organizational & Leadership Psychology). The concentration includes 3 required courses, 3 credits each, for a total of 9 credits. Courses are offered synchronously via Zoom to make them more accessible to students from different programs with varied schedules. All courses are also open to all students as single electives on a space available basis.

In the *Foundations in LGBTQIA+ Mental Health* course, students become knowledgeable about current research regarding LGBTQIA+ affirmative research and practice in the fields of counseling, psychology, and education. This course addresses relevant LGBTQIA+ historical context, the impact of LGBTQIA+ identities on lifespan development, and common issues faced by members of the LGBTQIA+ community and their families.

In the *Interventions When Working With LGBTQIA+ People and Their Families* course, students learn about specific therapeutic approaches when working with members of the LGBTQIA+ community and their families. The course begins with a broad discussion of treatment issues when working with this population (e.g., disaffirming therapy, evidence-based professional practice, affirmative counseling). Subsequently the literature on best practices for working with subgroups within the LGBTQIA+ population (e.g., gay men, lesbians, bisexual & pansexual people, transgender and gender non-conforming people, intersex people, asexual & two-spirit people, among others) is discussed.

ISSN: 2692-840X |

Finally, in the *LGBTQIA+ Intersectionality, Public Policy, and Advocacy* course, students learn about the intersectionality between LGBTQIA+ identities and other minority identities such as race, social class, immigration status, veteran status, age, and disability. In addition, students learn about how to be effective social justice advocates for the LGBTQIA+ community (i.e., channels for advocacy and effecting and/or promoting public policy).

Jacqueline Gagliardi: It sounds like a great program. I read on the WJC site that LGBTQIA+ individuals are between two and four times more likely than heterosexual and cisgender individuals to experience mental health problems or to seriously consider or attempt suicide. This is a profound number compared to heterosexual and cisgender individuals. I am wondering what you think some of the issues are that contribute to such a high number of mental health problems, compared to heterosexual and cisgender individuals?

Jess Stahl: We are really excited about this concentration and the services our students will be able to provide to this very underserved population.

Although there are probably lots of answers to your great question about the suicide risks for LGBTQIA+ people, the impact of stigma (Frost, 2011) and minority stress (Meyer, 2013) are most often cited as causes. Basically, these theories describe how LGBTQIA+ people, as members of a marginalized group, routinely experience stigma, along with environmental and external stressful events as a result of their LGBTQIA+ status (e.g., discrimination, microaggressions, stereotypes, etc.). The anticipation and expectation of the stigma and stressful events can result in vigilance, hiding one's identity, and/or avoidance of experiences where one might be rejected. This can mean that LGBTQIA+ people have fewer sources of support to reach out to when they are feeling distress. Also, negative attitudes and prejudice from society are internalized which effects individuals' ability to cope with stressful events and reduces resilience in the face of negative events. In short, LGBTQIA+ people are much more vulnerable to suicide and metal health issues because of their experiences with chronic stress and marginalization.

Jacqueline Gagliardi: What may be helpful information for clinicians to be aware of when working with an LGBTQIA+ client?

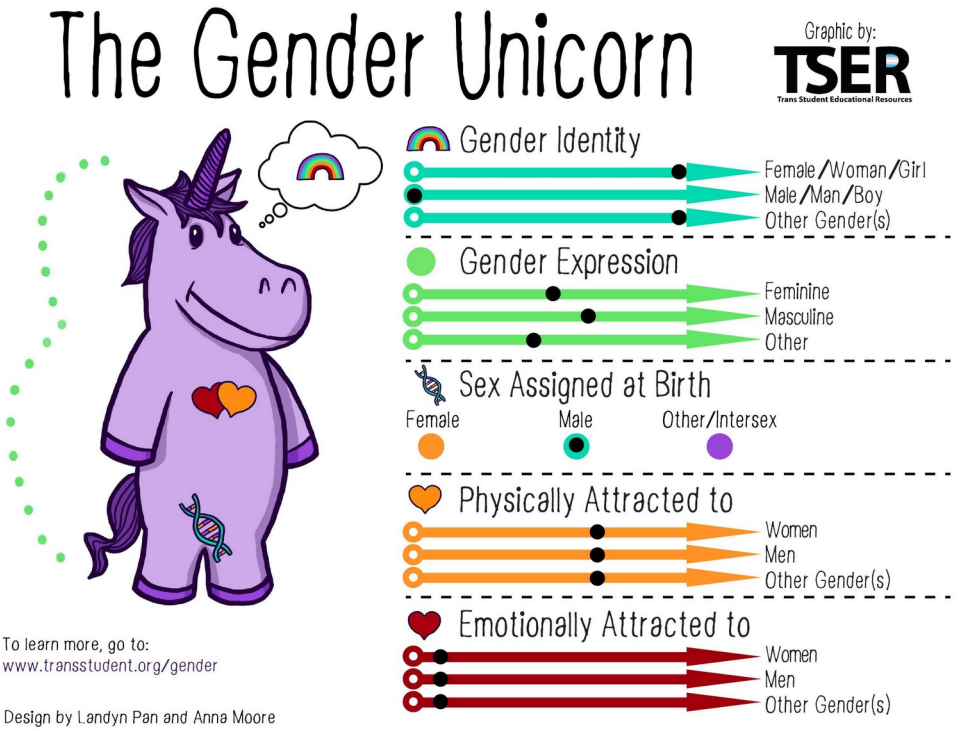
Jess Stahl: That's a big question, and the one that is really the crux of the 3 courses in our concentration. But as a starting point, I think it is very important for clinicians to know the ways in which sex assigned at birth, gender identity, gender expression, and emotional, physical, and sexual attraction all differ and operate independently. A great infographic that depicts these differences is the Gender Unicorn (Trans Student Educational Resources). It is important especially when treating clients who identify as transgender or gender non-conforming that clinicians use the name and pronouns that the client uses for themselves. Clinicians can have items for these things on intake forms or just begin sessions by introducing themselves with the name they want clients to use for them, identify their own pronouns, and then ask the client for their names and pronouns. Doing this routinely with all clients is a way of making it clear that one is not making assumptions

about a client's names/pronouns based on their presentation.

The next thing that is important for clinicians to know is the importance of providing an affirming space for clients. Affirmative LGBTQIA+ counseling is an approach that views of LGBTQ identities and relationships positively and addresses ways in which LGBTQIA+ clients' lives have been negatively influenced by homophobia, transphobia, and heterosexism. Affirmative counseling is needed because of the stigmatization and oppression experienced by LGBTQIA+ people. It begins with general multicultural competence. Related to LGBTQIA+ identities specifically, this means awareness of one's own privileged and stigmatized identities as well as one's biases as they relate to gender identity and sexual orientation. It also involves knowledge about and recognition of affectional and gender development as life-long and normative, attending to the intersectionality of client's identities, placing the counseling relationship in the social/historical context, and acknowledging power differences between the client and counselor. In terms of skills, the affirmative counseling approach involves understanding and resisting heterosexism/cis-sexism and heterosexual/cisgender privilege, combating LGBTQIA+ microaggressions when they are encountered, and celebrating the experiences of LGBTQIA+ people. The goal is to work collaboratively to foster wellness and empowerment through clinical interventions, advocacy and social justice work (Ginicola et al, 2017; DeBord et al., 2017).

Jacqueline Gagliardi: Thanks Jess that is useful information. Would you speak a little bit more about the Gender Unicorn. What exactly is it?

Jess Stahl: Below is the image of the Gender Unicorn. It depicts the definitions of terms related to gender and sexual orientation.



Regarding gender, sex assigned at birth is depicted with DNA at the genitals to represent how typically one's sex assigned at birth is determined by a combination of anatomy, hormones, and chromosomes; the assignment given is usually male, female, or other/intersex. For people who are intersex, there is some component of anatomy, hormones, and chromosomes that does not "match" or clearly fit with either male or female (e.g., individuals who are born with XXY chromosomes or androgen insensitivity syndrome in which one's chromosomes are XY but one's body does not respond to testosterone in utero and thus genitally appears female at birth). Gender identity is depicted with a rainbow from the unicorn's head because gender identity refers to one's internal sense of how much one is male/man/boy, female/woman/girl, and/or another gender. Finally, gender expression/presentation is depicted with green dots around the unicorn's body to represent the physical manifestation of one's gender identity through clothing, hairstyle, voice, body, shape, etc.

Sexual orientation is depicted by two separate hearts – one for physical attraction and the other for emotional attraction. Sexual and emotional attraction can operate independently from one another, and one can be sexually or emotionally attracted to men, women, and/or other gender(s).

It is important to know these distinctions because our culture typically assumes that these different components of identity "match" in some way, i.e., that those who are assigned male at birth identify as male, express their gender as male, and are emotionally and sexually attracted to women. However, we know from LGBTQIA+ people that knowing one of these components of identity for someone has no bearing on the others.

Jacqueline Gagliardi: Thanks, Jess, this is so interesting. I am wondering how a clinician might utilize this image?

Jess Stahl: The image was developed for psychoeducational purposes, especially in teaching people (clinicians as well as the general public) about the differences between sex assigned at birth, gender expression, gender identity, and sexual orientation. So, it can be used clinically to provide psychoeducation.

However, it can also be used to help clients explore and verbalize the ways in which they identify. For example, we can ask clients to place a mark on each line that best represents how they identify in this moment. We can also explain and acknowledge that any time we complete the Gender Unicorn, it is really just a representation of how we feel in this moment because all of these identities can fluctuate. That is why they are represented by a continuum. This can be very validating and reassuring for clients who do not identify as heterosexual and/or cisgender because our culture really teaches that gender identity and gender expression should match sex assigned at birth, that one's gender identity (and to a lesser extent gender expression) should be stable, and that sexual orientation is a unidimensional construct in which heterosexuality is assumed.

Jacqueline Gagliardi: This seems like a helpful image for both the client and the clinician. It also seems like it would be useful when working with the client and their family. Jess, I was wondering if you have advice for clinicians who are working with parents who children at a young age are expressing they want to be or dress like their opposite sex assigned at birth.

Jess Stahl: Yes, the Gender Unicorn is an image that can be helpful in a number of ways.

That is a great question about working with a family with a gender non-conforming child. The best advice we can give anyone close to or working with a gender variant child is to provide that child with support in their gender-related exploration and identities. For many families this begins with providing psychoeducation about the differences between sex assigned at birth, gender expression, and gender identity. In addition to discussing the Gender Unicorn, we can talk with families about how it is normal for children play with gender expression, and it is a cultural construct that specific expressions are associated with a particular sex assigned at birth. We can also provide psychoeducation about the impact of parents' supportive vs. rejecting behaviors on the well-being of their gender non-conforming child.

SAMHSA has an excellent free and downloadable resource guide for helping Families Support their LGBT Children (SAMHSA, 2014). I really recommend that clinicians read it. That guide reviews research which indicates that family support is protective against youth suicidality, depression, and substance abuse. Family support also promotes social support, self-esteem, and overall health. Rejecting behaviors significantly increase the risk of negative outcomes for youth, including depression, suicide, substance abuse, and other health risks. Even when families have beliefs that conflict with acceptance of LGBT identities or behavior, we can meet families "where they are," and join with them in the common goal of protecting the well-being of their child.

Jacqueline Gagliardi: Thanks, Jess, for the resources. My last question has to do with therapy with LGBTQIA couples. I imagine they come for various issues. Do you have any suggestions when working with this population?

Jess Stahl: You are very welcome! Yes, LGBTQIA couples come to therapy for a wide range of issues, many of which are similar to what heterosexual couples struggle with (e.g., parenting challenges, intimacy issues, managing finances, managing relationships with extended family, etc.). However, there are several unique things that should be taken into consideration when working with LGBTQIA couples (Patterson, 2017).

First, it is important to think about the legal situation of LGBT couples. The Supreme Court decision Obergefell v. Hodges (2015) legalized marriage equality nationwide, and this provided married same-gender couples with the same legal rights as cisgender-heterosexual couples. However, as we discussed earlier, the minority stress model indicates that LGBTQIA+ couples still routinely experience discrimination and microaggressions, which can put additional

strain on relationships. One area in which legal protection for LGBTQIA+ people varies quite a bit is in relation to workplace discrimination. Although many states and jurisdictions do prohibit discrimination on the basis of sexual orientation and gender identity, some only have protections for sexual orientation (but not gender identity), and some do not have protections for either. (The Human Rights Campaign and the Movement Advancement Project have great maps depicting the protections in each state.)

In places with fewer workplace discrimination protection, and in places with legislation aimed at limiting the legal rights of transgender individuals, how open or "out" to be about their relationship and their identities is a central issue for couples. Each member of the couple must consider how safe it is to be open about their identities and their relationship status in each of the settings they are in. Based on the way they are each impacted by the legal landscape, in addition to the individuals' own histories around their minority identities, members of the couple may disagree about the costs and benefits of disclosure. Negotiation of these issues related to disclosure is something that couples therapists should attend to.

Regarding division of labor, one thing to be aware of is that same-sex couples are generally much more egalitarian than heterosexual couples. It is much more common that both members of the couple equally participate in both paid and unpaid labor. In addition, household tasks tend to be divided on the basis of preference and skill, rather than by gender.

Although negotiations about sexuality and intimacy are common for all couples, it is important to be aware of cultural values within the LGBTQIA+ community that impact these issues. Specifically, lesbian women most often favor monogamy as the standard for couple relationships, while gay male couple may be less committed to monogamy and may make explicit agreements that permit non-monogamy within the context of their relationship. In general, these agreements have not been found to impact relationship quality.

Finally, as couples look at parenthood, there are many unique issues to consider. Couples will first need to agree how to have children (i.e., try to have biological children vs. adoption or fostering). If couples want to have biological children, then they must decide whose genetic material will be used to create each child, how to obtain the genetic material they do not have within their relationship (e.g., how gay men will find eggs and how lesbians will find sperm), and in whose body the child will be gestated. State laws vary in terms of how favorable they are for surrogacy, which may be an important consideration for gay male couples. Lesbian couples may have to navigate finding sperm banks that are willing to work with them, as some may not. If the couple wants to adopt or foster children, they may have to navigate laws that prohibit same-sex couples from adopting children or being foster parents. Once they announce their prospective parenthood, couples may be faced with intrusive questions from others about how their family was created or which parent is the "real" parent. In some situations, only one of the adults may be given legal parental status. Thus, many same-sex couples who did not become parents via adoption

may choose to do second-parent adoptions of the children they planned and conceived together because adoption papers have stronger legal standing regarding parenthood than do birth certificates. When couples live in jurisdictions that are less favorable to them as parents, they are faced with the question about how to navigate the laws in their jurisdiction or moving to a jurisdiction with more favorable laws. For example, couples need to consider where they will feel safe as a family, where there may be other families like their own, schools that will be inclusive of their family configuration, etc. All of this inevitably causes additional stress on couple relationships, and attending to all of these questions is paramount to effectively working with couples.

Jacqueline Gagliardi: Jess, thanks so much for this information and your program seems extremely interesting. I appreciate you taking the time to meet with me and share this valuable information.

References

DeBord, K.A., Fischer, A.R., Bieschke, K.J., & Perez, R.M. (Eds.). (2017). *Handbook of Sexual Orientation and Gender Diversity in Counseling and Psychotherapy*. Washington, DC: American Psychological Association.

Frost, D.M. (2011). Social stigma and its consequences for the socially stigmatized. *Social and Personality Psychology Compass*, 5, 824-839.

Ginicola, M.M., Smith, C., & Filmore, J.M. (Eds). (2017). *Affirmative Counseling with LGBTQI+ People*. Alexandria, VA: American Counseling Association.

Meyer, I.H. (2013). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence: *Psychology of Sexual Orientation and Gender Diversity*, 1, 3-26.

Patterson, C.J. (2017). Lesbian, gay, bisexual, and transgender family issues in the context of changing legal and social policy environments. In K.A. DeBord, A.R. Fischer, K.J. Bieschke, & R.M. Perez (Eds.), *Handbook of Sexual Orientation and Gender Diversity in Counseling and Psychotherapy* (pp. 313-331). Washington, DC: American Psychological Association.

Substance Abuse and Mental Health Services Administration (2014). *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration.

Trans Student Educational Resources. (2021, February 7). *Gender Unicorn. Trans Student Educational Resources*. https://transstudent.org/gender/.