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A Literature Review of Mental Health Professionals Work Within LGBT Populations

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Abstract. Professionals in the field of mental health have conducted research, as well as therapeutic treatments with sexual minority individuals. However, equal opportunity has not been allotted in the literature to those who identify themselves as lesbian, gay, bisexual, and transgender. This literature review offers a brief history of sexual orientation as it pertains to mental health and subsequent mental health treatment. A review of qualities that are essential towards working with LGBT populations and relevant ethical and moral guidelines are furthermore addressed. Finally, an overview of suggestions to improve the availability of educated and competent professionals able to successfully serve the LGBT community will also be forwarded.

Historically, the topic of sexual orientation has undergone many transitional phases in regards to societal acceptance and degree of normalcy. For example, between 1970 and 1984 about 70% of public opinions toward homosexuality were negative in nature. In 1996 this percentage had dropped to 56%. By 1999 there was a major shift toward more positive opinions with reports as high as 81% of heterosexual adults claiming to oppose discrimination of lesbian, gay, bisexual, and transgender (LGBT) individuals in the work place (Newman, Dannenfelser, & Benishek, 2002). Societal opinion has had an impact on the historical pathology of homosexual behavior.

In 1952, with little empirical research and much religious justification, homosexuality was defined as a "sociopathic personality disturbance" in the first compilation of the *Diagnostic and Statistical Manual* (DSM-I). In 1968, the manual of mental disorders was revised (DSM-II) to classify homosexuality as a "sexual deviation" (Drescher, 2009). In the early 1970's, scientific research and gay rights activists' actions aided the movement to remove homosexuality from the DSM. After much deliberation and debates held by the American Psychiatric Association, it was concluded that homosexuality and other 'sexual deviations' did not cause generalized impairment of social functioning and effectiveness, or subjective anguish. These attributes were present in all other mental disorders resulting in the conclusion that homosexuality does not meet the inclusion criteria. Thus its subsequent removal from the DSM was finalized in 1973 (American Psychiatric Association, 1973; Drescher, 2009).

Many articles concerning sexual minorities aided the 1973 removal of homosexuality as a final step in the APA's effort to normalize homosexuality (Grove, 2009; Meyer, 2007; Newman et al., 2002). However, Drescher (2009) gives a detailed account of the replacement of "homosexuality" in the DSM with a new diagnosis called Sexual Orientation Disturbance, and then with Ego Dystonic Homosexuality in 1980. It was not until the revision of the third DSM in 1987 that homosexuality was completely removed and APA accepted homosexuality as a normal variation as opposed to a deviation of sexuality. Other diagnostic systems followed, but still in 1992 Ego-Dystonic Homosexuality was listed in the International Classification of Diseases. This is crucial to address in order to demonstrate how recent this movement is and the existing effects it has on the everyday lives of sexual minorities.

Ramifications of the wavering opinions, societal pressures, and the pathological history of homosexuality are apparent in the prevalence of mental health issues for those who identify as LGBT (Meyer, 2007). The pathological diagnoses for homosexuality contributed to social stigma, discrimination, prejudice, hostility, and even physical violence (Davison, 2001; Drescher, 2009; Singh & Shelton, 2010) which are all risk factors for development of the specific mental health issues that arise in LGBT individuals. Much of the literature reviewed cites considerable research evidence suggesting that LGBT individuals are at higher risk for developing anxiety, depression, substance abuse, suicidal ideation, and other mental health disparities (Dopp, 2013; Israel, Gorcheva, Burnes, & Walther, 2007; Meyers, 2003; Rutherford, McIntyre, Daley, and

Ross, 2012). Other contributing factors to the mental health of LGBT individuals are the existence of homophobia and heterosexist environments (Rutherford et al., 2012).

It may be suggested based on the research that LGBT mental health suffering is not related to homosexuality itself, but the treatment of individuals who identify as such (Meyer, 2007). Since higher prevalence of mental health issues indicates greater need for mental health services, it is essential that competent, well educated, and prepared professionals are readily available for LGBT individuals. It is the duty of psychology as a profession to supply competent psychologists for vulnerable populations (Dopp, 2013). The American Psychological Association has even created *Guidelines for Psychotherapy with Lesbian, Gay and Bisexual Clients* to outline the type of conduct that is expected from professionals who are working with sexual minority clients (APA, 2011).

Characteristics of a Prepared Professional

Clinicians are instrumental in conceptualizing complaints of the patient, the origins of these complaints, and steps to address maladaptation and improved quality of life (Davison, 2001). It may be proposed that the identified mental stress LGBT clients endure may be due to exterior strains. This implies that clinicians have a vital role when working with LGBT clients. In the literature, there are a number of essential characteristics involved in working within the LGBT community. These characteristics may prevent personal and cultural biases from interfering with professional care (Davison, 2001). They represent characteristics that may be improved upon with proper education and further research within the area. Acceptance and competence are two of the most discussed in regards to providing successful services. These characteristics can allow for work that is in congruence with ethical codes and guidelines put forth by the various mental health associations. American Psychological Association (APA) ethical guidelines will be referred to most in this review.

Acceptance

The process of acceptance refers the mechanism or means to recognize as true and normal (Webster, 2007). Recognition of variant sexual identities as true and normal represents a key component in becoming an integral part of creating healthier lives for LGBT individuals. A majority of society assumes heterosexual identity as the norm and appears to value it more than any other variation of sexuality (heterosexism). It is important then for mental health professionals to accept, and promote acceptance of LGBT to provide relief from societal alienation (Davison, 2001; Meyer, 2007). The *Ethical Principles of Psychologists and Code of Conduct* of the American Psychological Association has several standards and principles that include sexual orientation as an identifying factor. For example, Principle E: Respect for People's Rights and Dignity calls for awareness and respect of differences based on sexual orientation as well as gender, age, race, religion, and other identifying characteristics (APA Ethics Code, American Psychological Association, 2002). As such, the APA expresses acceptance of sexual orientation as a normal identifying characteristic. Ethically, mental health professionals such as counselors and psychologists should aim to understand and accept the normal occurrence of LGBT identity and the issues that accompany it.

Though there is a lack of research that articulates whether or not mental health professionals are accepting of LGBT, one study conducted by Newman et al. (2002) aimed to answer important questions concerning whether those who choose to enter the helping professions possess attitudes of acceptance and respect for diversity, and if their beliefs imitate the professional principles and ethics of acceptance. They surveyed 2,837 first year graduate-level counseling psychology and social work students using the Attitudes toward Lesbians and Gay Men (ATLG) scale. Their results indicated a relatively high number of positive attitudes toward lesbians and gay men with only 6.5% of respondents scoring in the negative attitude range. This study had many limitations, including no control or allowance for prior experience with gay men and lesbians, and possible differences in schools that responded and those that did not respond. The results from this study are insightful, but there is a need for further empirical research in order to accurately address the important questions of mental health professionals' and aspiring professionals' attitudes and acceptance toward LGBT individuals (Newman et al., 2002).

Competence

Among the characteristics that mental health professionals should possess in order to be effective practitioners for the LGBT community, the most mentioned is competence (Bauer & Wayne, 2005; Bergh & Crisp, 2004; Davison, 2001; Dopp, 2012; Grove, 2009; Israel, Gorcheva, Burnes, & Walther, 2007). In plain context, competence is defined as having the necessary ability and qualities (Webster, 2007). Section 2 of the APA Ethics Code is exclusively devoted to competence which implies that it is an integral part of becoming a successful and ethical psychologist (APA Ethics Code; American Psychological Association, 2002). At least some form of cultural competence in LGBT issues is especially important in the mental health professions because there may be instances in which the profes-

sional is not aware of the LGBT identity of the client (Israel, Gorcheva, Burnes, & Walther, 2007).

Bergh and Crisp (2004) review the psychologists' and counselors' definition of cultural competence in terms of belief/attitude, knowledge, and skills. Self-awareness represents a key concept in the attitude dimension such that personal biases and cultural roots should be known to the individual. A clinician should also be aware of one's sensitivity and comfort with clients of different cultures. To be culturally competent one must also be knowledgeable about group values, beliefs, and norms as well as the impact of dominant cultures in society on the treatment of minorities. Cultural knowledge may be especially crucial when working with sexual minorities in order to alleviate the feelings of being misunderstood. Conveying lack of understanding has potential to further alienate an already hesitant population from trusting those who claim to improve upon the health of their community (Bauer & Wayne, 2005). The skills dimension should allow one to send and receive verbal and nonverbal messages and use culturally applicable approaches for research and intervention. Although the three components of attitude, knowledge, and skills define competence, knowledge seems to be a key element.

The many facets of a culture make it difficult to synthesize the information into a cohesive representation. The greater knowledge one has of these facets, the more one's attitudes and skills will reflect that of a competent professional. The sexual minority culture consists of unique obstacles such as the extra energy that is expended examining reasons for sexuality and maintaining multiple identities, the process of coming out (publicly identifying as LGBT), familial issues, and lack of social support (Davison, 2001). There may also be unique issues for lesbians, gays, bisexuals, and transgender individuals specifically, although Davison (2001) contends that the damage is comparable. In order to stand up to ethical codes regarding equal opportunity and treatment, it is essential that psychologists and counselors possess attitudes, knowledge, and skills that allow for culturally competent practice for LGBT clients. The existing literature lacks insight on competence rates of LGBT issues among mental health professions. Jan Grove (2009) attributes this shortcoming to the extremely low number of scholarly articles concerning LGBT topics. In 1990-1999 only about 2.11% of articles published in eight mainstream counseling journals were focused on sexual minority issues. Though this number is sure to have risen, it is still indicative of the gap in literature on the topic.

Grove (2009) presented a qualitative and quantitative account of professional competence in relation to attitudes, skills, and knowledge. She measured competence and evaluated experiences that had an impact on the work of 58 counseling students who had been in her educational course concerning LGB matters. She analyzed the data to explore the association between number of years since start of training in her course and level of competence. Results indicated that skills and knowledge of participants increased significantly with number of years since training, but the average skills score was still barely above the half way marker to full competence as suggested by the Sexual Orientation Counselor Competence Scale given. Another compelling finding by Grove (2009) was that attitude scores were initially very high upon entering the course, and after the second year there was a reflected decrease in attitude scores. This finding suggests that students may have believed that they had accepting attitudes toward sexual minority issues and exposure to sexual minority content challenged these perceived attitudes. This study suggests a positive insight that the program may be successfully bringing about self-awareness through exposure to LGB content.

Grove's qualitative data revealed that there were specific experiences that shaped the attitudes of the students. These experiences included direct interaction with LGB persons, being prompted to reflect on their own sexual identity and its influences, evaluating their communication and how underlying opinions might be reflected in their communication. These conclusions are all suggestive that first-hand experience enhances the learning experience and challenges the existing views and assumptions of the students. These quantitative and qualitative findings provide useful insights, but due to the relatively small sample and lack of generalizability, there is a need for further research in the area (Grove, 2009).

Ethical Implications

Acceptance and competence of LGBT issues are important attributes to provide treatment in accordance with ethical guidelines presented to mental health professionals, including psychology. There are many pertinent principles and guidelines in the APA Ethics Code that psychologists must be aware of when providing services to LGBT individuals. As mentioned earlier, Principle E: Respect for People's Rights and Dignity states that sexual orientation is not a viable reason to be ignorant or disrespectful of cultural, individual, or role differences. Principle A: Beneficence and Nonmaleficence expresses that psychologists must not only strive to help others, but similarly not harm others. This principle reiterates that to provide beneficial services to vulnerable populations such as LGBT, competence must be achieved. Lastly, Principle D: Justice entitles all persons to not only have access but also potentially benefit from the contributions of psychology and similarly have equivalent or comparable access to the processes, procedures, and services typified of the profession. Thus the mere lack of LGBT focused research, educational opportunities,

and competent clinicians may suggests unintentional professional discrimination against LGBT individuals and is a direct denial of justice to those who identify as such (APA Ethics Code: American Psychological Association, 2002; Dopp, 2013)

There are also many standards that support and enforce the ideals presented in the above principles. Denial of sexual orientation as a normal identifying factor and lack of competence on the topic can lead to a violation of Standard 2.01, Boundaries of Competence. This standard states that "an understanding of factors associated with . . . sexual orientation . . . is essential for effective implementation of services." It is ethical to make a referral if a psychologist does not have the knowledge or training to provide services to LGBT individuals, but in order to meet Standard 2.02, Providing Services in Emergencies, a general awareness and understanding is a necessity. Standard 2.04, Bases for Scientific and Professional Judgments clarifies that it would be unethical to assume a position or provide therapeutic intervention that is not based on "scientific and professional knowledge of the discipline." A common example of a therapeutic intervention previously used on LGBT individuals that is not empirically supported, and is therefore a direct violation of Standard 2.04, is conversion or reparative therapy. This type of therapy has even been suggested to result in harm to the client which also violates Standard 3.04, Avoiding Harm (Davison, 2001; Dopp, 2013).

Standard 3.01, Unfair Discrimination prohibits "unfair discrimination in work-related activities based on . . . sexual orientation . . . " and Standard 3.03, Other Harassment expresses that one must not "knowingly engage in a behavior that is harassing or demeaning . . . based on . . . sexual orientation" (APA Ethics Code; American Psychological Association, 2002). Dopp (2013) expresses that these standards and principles are put forth by the APA as a guide for ethical action when working with sexual minority clients, but there is much room for interpretation. It is the professional psychologist's duty to be aware of their biases, be knowledgeable, accepting, and competent, and actively aim to reduce their prejudice toward LGBT individuals in order to avoid intentional or unintentional discrimination and harassment. Unfortunately, there is evidence, or lack thereof, that suggests a scarcity of competency and preparedness within the mental health professions to service these individuals (Israel, Gorcheva, Burnes, & Walther, 2007; Grove, 2009). Luckily there are ways to improve the current conditions of education, research and services concerning sexual minority matters.

Future Suggestions for Improvement

Education

Educators. In an attempt to discover factors contributing towards expertise in providing services for LGBT individuals, Rutherford and colleagues (2012) was only able to identify and contact eight mental health service providers that specialize in work within the LGBT population. Every participant reported a lack of available resources and professional training opportunities within their formal education, representing a potential factor contributing to the lack of competent professionals available to LGBT individuals. As mentioned earlier, Grove (2009) found significant increase in skills and knowledge after taking her interactive course focusing on LGBT. It may be suggested that mental health and other allied health professionals should seek opportunities to improve upon their individualized educational processes and opportunities to better inform and prepare themselves for work within the LGBT community. Moreover, these individuals may consider prospective, future impact their own attitudes and beliefs emerge in their teaching and applicable counseling practices.

Mathison (1998) listed the following questions that educators can ask that allow for reflection upon attitudes and beliefs that are held toward LGBT individuals, particularly in educational settings:

- Do I assume that all my teacher education students and colleagues are heterosexual?
- Do I believe that it is appropriate for gay men and lesbians to become teachers?
- As I discuss historians, philosophers, theorists, and practitioners with teacher education students, do I ever identify individuals as homosexual in the same manner that I might mention ethnicity, gender, or other cultural attributes?
- Do the examples I use in class assume that everyone is heterosexual?
- Have I ever said anything in or out of class that would let the students know how I feel about homosexuality?
- If someone were to look at my course syllabi or any other aspect of my teaching activities, would that person see any evidence that preparing teachers to serve gay and lesbian students was important to me? (p. 153)

Though this article was written for teacher educators, replacing "teacher" with "psychology" or "counselor," it becomes clear that these questions may be particularly relevant for educators in mental health fields.

After educators become aware of the implications of their attitudes and beliefs through self-reflection, awareness may be similarly facilitated by actual ac-

tion. There are many steps that educators may take to convey positivity, normalcy, competence, knowledge, and respect about LGBT issues in the classroom. The environment of the classroom should feel safe for those who identify as LGBT. It is important that sexual orientation disclosure is not met with or threatened by humiliation and rejection. Not only does this action benefit the LGBT students, but allows for heterosexual students to gain first-hand experience with the normalcy and presence of those with variant sexual identities. Providing positive role models by way of guest speakers, being aware of and making reference to important LGBT figures and their positive contributions, including interactive LGBT panel discussions, and selecting LGBT supportive materials for class assignments can aid in creating an accepting educational environment (Mathison, 1998).

Curriculum content. It has been reported that students often feel as though they were not adequately exposed to LGBT content in the course of their educational training (Grove, 2009; Rutherford et al., 2012). The clear-cut solution to this problem is to incorporate more LGBT focused material, activities, and exercises in every curriculum. Exposure to this material provides knowledge, awareness, and opportunity. It challenges students' self-awareness and personal biases, as well as prepares them for real world interactions because LGBT identity is universally present across all cultures, economies, genders, ethnicities, and geographic locations (Mathison, 1998). It is inevitable that they will cross paths with an LGBT individual at some point in their professional career and being knowledgeable will benefit both parties involved.

The eight LGBT experts interviewed by Rutherford and colleagues (2012) all had suggestions on how to improve training programs in order to ensure basic understanding and sensitive, effective care for LGBT individuals. Among their suggestions, some of the most recommended ideas were to include LGBT content that consists of basic knowledge about general terminology and the distinction between sexual orientation, sexual behavior, and sexual identity, and explain how to address each of these in a manner that expresses cultural competence. On developing cultural competence, successful curriculums may include content that addresses the skills, knowledge, and attitudes components by offering interactive learning experiences that exemplify communication skills, understanding of others, awareness of social and political contexts, and self-evaluation (Grove, 2009). In accordance with basic knowledge and cultural competence, the impacts of social stigma, heterosexism, and homophobia should also be addressed in great detail while refraining from stereotypical depictions of LGBT individuals (Rutherford et al., 2009). As LGBT content is fully integrated into ongoing mental health curriculums, a greater number competent professionals may prospectively emerge prepared to provide equal opportunity for LGBT individuals, independent of whether or not this may be representative of the population they intend to serve.

Research

Principle D: Justice in the APA Ethics Code entitles benefit from the contributions of psychology to all persons. It goes further saying that these contributions provide "equal quality in the processes, procedures, and services being conducted by psychologists" (APA Ethics Code: American Psychological Association, 2002). Psychologists contribute to research in an innumerable amount of ways and the dearth of research concerning LGBT issues represents an area of concern. As such, the research community must make an increased effort to include focus on sexual minorities and obtain more knowledge about the human experience (Bauer & Wayne, 2005). One ambitious suggestion to advance psychological research concerning sexual minorities was to include questions about sexual orientation identity, sexual attraction and behaviors across all studies (Moradi, Mohr, Worthington, & Fassinger, 2009). Baring this measure, there are many ways researchers can contribute high-quality LGBT research, several of which will be discussed.

Since sexual identity represents a culturally sensitive topic, there have been reports of institutional review board lack of knowledge on this topic, lack of federal funding, and little support from various institutions (Bauer & Wayne, 2005; Rutherford et al., 2012). Also, institutional review boards often lack competence concerning LGBT matters, thus potential problems in procedure should be carefully examined by those conducting the research in order to ensure protection of sexual minority participants (Moradi et al., 2009). Researchers should also expect at least some negative reactions as a standard part of conducting sexual minority research. Pilot studies are a useful way of testing procedures to make sure they are sensitive to the needs and perspectives of the participants. Procedural issues are especially important when working with a sensitive population such as LGBT.

Recruiting participants for sexual minority research has its own unique challenges. It may be proposed that researchers should aim to repair and rebuild the trust of LGBT individuals (Bauer & Wayne, 2005). It is important to express and disseminate specific benefits identified research studies may have for the sexual minority individual and for society as a whole. One suggestion has been proposed to increase trust and convey true concern for the LGBT community is to offer the participant an option to receive payment personally or have the payment donated to an organization dedicated to LGBT human rights (Moradi et al., 2009). However, a concern about this process will be both anonymity for the research participant, and dif-

ferential treatment for other participants of individual studies.

It is also important to design experiments that have optimal benefits, employing benefits for persons of various sexual orientations. Quantitative research may potentially be useful in many ways, but qualitative research may allow for a more intimate understanding of the everyday lives and experiences of sexual minorities. A content analysis of qualitative LGBT research articles published in four counseling journals found only 12 studies from 1998-2008 (Singh & Shelton, 2011). It is proposed that this is an underrepresentation of this minority and Singh and Shelton (2011) concluded their content analysis with ways to encourage more qualitative LGBT research. They advised that previous studies be expanded on with consistent reporting standards, sexual minorities of color be investigated more thoroughly, and attention to transgender and bisexual issues to be improved (Singh & Shelton, 2011). The literature that exists provides a reasonable, but developing foundation to build upon this important issue.

Therapy

Proper education and research in LGBT issues both potentially can have significant influence on the therapy offered by professionals. It is recommended that therapist be educated about how to be aware of personal biases and address these potential biases in their professional practices (Davison, 2001). It may be proposed that ineffective interactions with LGBT clients can be a result of unintentional bias and cultural inattention. For these reasons it is important for practitioners to develop cultural sensitivity within their services by avoiding language, images, and interactions that have potential to be perceived as problematic. It is also suggested that sexual minority staff, pictures of same-sex couples in materials, and familiar locations can increase the cultural sensitivity (Bauer & Wayne, 2005).

Asking about sexual health may be uncomfortable, but LGBT individuals may find relief in uncovering this hidden part of their identity, particularly as a component of the therapeutic process (Bauer & Wayne, 2005). It has been suggested that the therapist should assume a gay affirmative attitude and actively advocate for affirmative psychotherapy (Dopp, 2013). Applicable support and affirmation of the client's sexual identity exhibits the value of the characteristics of the client in regards to sexual identity as well as his or her affective abilities. In a study on helpful and unhelpful therapy experiences of LGBT clients the practioner's knowledge, helpfulness, trustworthiness, and affirmation were among the top characteristics listed as helpful (Israel, Gorcheva, Burnes, & Walther, 2008). The same study revealed that thirty-one percent of the unhelpful situations reported the therapist enforcing personal morals, judgments, or choices on the client.

To provide equal mental health service opportunities, the basic counseling skills such as warmth, openness, appropriate intervention, and others should facilitate the therapeutic process. Knowledge of specific LGBT issues again may be useful and cultural sensitivity may also contribute to helpful therapy with sexual minority clients. The use of larger LGBT communities may enhance therapeutic outcomes by providing extra social support (Israel et al., 2008). Dopp (2013) suggests that in order to keep improving the mental health services there should be continued updates to professional guidelines and training resources and constant strife toward the "best treatments, training programs, and ethical decision making models that will serve to address this population's unmet mental health needs" (p. 27).

Conclusion

It may be suggested that the historical pathology of homosexuality has put a significant strain on many individuals. For so many years society discriminated and oppressed those with a varying sexual identity and practitioners spent their time trying to convert them to heterosexual as a component of professional practice. Even after the APA code was modified to recognize variations of sexual identities as normal and conversion therapy was deemed an unethical practice, LGBT individuals are still reporting high numbers of unhelpful therapy and have less access to qualified, competent professionals (Israel et al., 2008). There is also a gap in the literature focusing specifically on sexual minority issues.

It is proposed that psychology and the other mental health professions go beyond simple measures to improve acceptance and competence among those aspiring to work in the mental health professions. There are multiple standards and principles within the APA Ethics Code that mandate understanding of social diversity and oppression as well as equal treatment, opportunity, rights, and equal services for all people including LGBT individuals. Educators can take lead roles in the movement by creating a safe, accepting environment. Furthermore, educational opportunities can provide an appropriate foundation of knowledge that prepares all students for interactions with LGBT individuals. There were many reports of students seeking out information on their own (Rutherford et al., 2012; Grove, 2009; Newman et al., 2002), but LGBT content with interactive and self-reflective lessons in all curriculums will benefit those who hold negative attitudes or do not consider seeking knowledge on their own (Mathison, 1998; Rutherford et al., 2012). All professionals must seek a solid foundation of knowledge on this topic because it is most

probable that they will work with an LGBT person at some point in their career.

Research and therapy should also be improved upon by competent and knowledgeable professionals. Respect for LGBT persons and the unique issues they face prospectively may make research and therapy more successful and similarly with greater application. Conveying this respect can be accomplished by using language that does not assume heterosexism, adopting gay affirmative attitudes, and being active within the LGBT communities. Although working within the LGBT populations presents difficulties and sensitivities, it is worth additional educational efforts. It also contributes to a deeper understanding of all human experience (Moradi et al., 2009) which remains a goal across all mental health professionals.

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