

Competencies for Mental Health Clinicians working with LGBTQ+ People in Mental Health Care

Lead Authors: Mia A. Smith-Bynum, Elizabeth M. Aparicio, and Richard Q. Shin

Clinician-Expert Authors: Sean Lare and Michael Vigorito

Contributing Authors: Jessica N. Fish, Natasha D. Williams, and Bradley O. Boekeloo

Community-Expert Authors: UMD-PRC Community Advisory Board*

RATIONALE FOR THE UMD-PRC SGDLG COMPETENCIES

The University of Maryland Prevention Research Center (UMD-PRC) is one of 26 federally funded [Prevention Research Centers](#) in the United States. Each Prevention Research Center is charged with the task of studying “how people and their communities can avoid or counter the risks for chronic illnesses.” The UMD-PRC’s mission is as follows: “In collaboration with LGBTQ+ partner organizations, we promote evidence-based training of students and mental health care providers in culturally sensitive and inclusive practices.”

The UMD-PRC selected the CDC definition of cultural competence to guide the development of the competencies. The CDC defines cultural competence as “effectively operating in different cultural contexts and altering practices to reach different cultural groups.”

The Sexual and Gender Diversity Learning Community (SGDLC) competencies are intended to serve as a complement to the existing official professional competencies for clinical practice produced by various mental health professions, namely the American Counseling Association (ACA), the American Psychological Association (APA), and the National Association of Social Work (NASW). They are also intended to provide guidance to the professions where limited to no guidance is in place at the time of this writing. The SGDLC competencies for clinical practice are intentionally rudimentary in scope. As such, they provide an onramp for clinicians seeking to eventually master the comprehensive practice guidelines within their profession. They can also be used to provide guidance for the creation of educational modules for training programs in which limited faculty expertise is available. The SGDLC competencies outline the basic skills clinicians must acquire as they pursue mastery of the comprehensive guidelines endorsed by specific professional organizations (i.e., APA, ACA, NASW). To that end, the UMD-PRC sought to identify the most essential clinical competencies needed to serve the client population.

DEVELOPING THE SEXUAL & GENDER DIVERSITY LEARNING COMPETENCIES

Charge and Overview of the Process

An essential deliverable of the UMD-PRC was to survey the landscape of mental health competencies for clinical practice with LGBTQ+ people and to identify the essential skillsets necessary for culturally competent practice. The purpose of identifying the essential skills was to facilitate workforce development for practicing clinicians and clinicians in training, many of whom did not or do not have access to training in graduate programs. As such rather than aiming for comprehensive competence, the charge focused on basic, entry-level competencies necessary to initiate clinical practice with LGBTQ+ people. Furthermore, these competencies should apply to all mental health professional disciplines to provide the most basic, entry-level competencies for clinicians seeking to be LGBTQ+ culturally competent.

Personnel

A team of three mental health experts at the UMD-PRC led the development of the competencies through an iterative process over approximately a 2.5-year period that began in 2019. The expert team also obtained ongoing review and feedback from two clinical training experts, three mental health researchers, and a diverse LGBTQ+ mental health stakeholder Community Advisory Board.

Key Documents Reviewed

The lead authors identified the formal mental health competencies/practice guidelines for the major professional fields to guide the UMD-PRC in several specialties: marriage/couple and family therapy, psychology (clinical and counseling specialties), social work, and psychiatry.

- Guidelines for Psychological Practice with Lesbian, Gay, and Bisexual Clients (2012)
- Guidelines for Psychological Practice with Transgender and Gender Nonconforming People (2015)
- ALGBTIC Competencies for Counseling Transgender Clients (Burnes et al., 2010)
- ALGBTIC Competencies for Counseling LGBTQIA (Harper et al., 2009)
- National Association of Social Workers (NASW)
- Best Practice Highlights: Lesbian, Gay, Bisexual, Transgender, and people who may be questioning their sexual orientation or sexual identity (LGBTQ) by Robert Paul Cabaj, M.D. for the American Psychiatric Association
- American Association for Marriage and Family Therapy (AAMFT)

Development and revision process

The lead authors reviewed all key documents to identify core areas of competencies and overlap themes therein. Members of the UMD-PRC team reviewed and provided verbal and written feedback on the early stages of the Competencies. Once an initial draft of 15 basic competencies had been generated, the lead authors solicited feedback from the UMD-PRC Community Advisory Board (CAB). LGBTQ+ stakeholders including mental health clinicians, LGBTQ+ community members, mental health policymakers, LGBTQ+ advocates, and LGBTQ+ mental health researchers, the CAB reviewed each of the items and provided written feedback. CAB members also provided feedback verbally during two, 90-minute meetings. The competencies were revised based on the feedback. The “final” draft of the competencies was brought to the full UMD-PRC team. This draft was then presented to the clinician expert authors for more revisions. Next, the clinician expert authors provided their review. Finally, the lead authors incorporated this feedback to create the final list of twenty competencies in this document.



THE SGDLG COMPETENCIES FOR MENTAL HEALTH CLINICIANS WORKING WITH LGBTQ+ PEOPLE

The *SGDLG Competencies* are organized into three categories of essential capacity for mental health providers to work effectively with LGBTQ+ clients:

Awareness Regarding Self and Others

1. Mental health clinicians engage in a regular process of self-reflection to amplify their awareness of their own biases related to attitudes and emotions towards LGBTQ+ people. They work to eliminate those biases in clinical care on a continual basis through training and consultation.
2. Mental health clinicians recognize the importance of language in engaging LGBTQ+ clients in care. They recognize that language used in reference to LGBTQ+ people changes. Clinicians work to keep their knowledge current.
3. With client consent, mental health clinicians use the terms that clients use in reference to their sexual orientation and gender identity.
4. Mental health clinicians know about available affirming community resources and services and refer clients to these services as needed.
5. Mental health clinicians seek supervision, consultation, and training on a regular basis to stay current with research and best practices for working with LGBTQ+ populations.

Affirming Identities and Relationships

6. Mental health clinicians demonstrate understanding that sexual orientation identities are identity groups that represent normal variation in human sexuality.
7. Mental health clinicians recognize that sexual orientation cannot be changed by another person or a mental health provider.
8. Mental health clinicians demonstrate an understanding that gender is a nonbinary social construct and that it consists of range of identities. They understand that gender is not based on sex assigned at birth.
9. Mental health clinicians demonstrate an understanding that transgender and gender diverse identities are identity groups that represent normal variation in human beings.
10. Mental health clinicians demonstrate an understanding that gender identity is distinct from sexual orientation. Mental health clinicians can articulate the ways the two types of identities and life experiences are related.



11. Mental health clinicians recognize that LGBTQ+ clients often have flexible definitions of family, including diverse sexual and romantic relationship structures.

12. Mental health clinicians demonstrate an understanding about the complexity of gender identity and expression in clients' romantic and sexual relationships.

13. Mental health clinicians demonstrate an understanding of the complexities of identity development and the milestones related to the coming out process across the life course. Social, emotional, and behavioral development may be compromised by exposure to systemic oppression that LGBTQ+ clients encounter.

Knowledge of Risk & Oppression

14. Mental health clinicians demonstrate an understanding of how oppression, discrimination, bias, internalized homophobia, and internalized transphobia based on one's sexual orientation and gender identity interact with the inequalities associated with other marginalized identities. These identities include but are not limited to race, ethnicity, nativity, socioeconomic status, religion, age, and ability. They understand that the synergistic combinations of these identities affect mental health.

15. Mental health clinicians demonstrate a grasp of the realities and effects of the threat of violence in the daily life of LGBTQ+ people. They understand how various forms of structural oppression, discrimination, and bias exacerbate mental health problems and create barriers to effective mental health care for LGBTQ+ people.

16. Mental health clinicians know about the ways that education and employment may be compromised by exposure to systemic oppression that LGBTQ+ clients encounter.

17. Mental health clinicians know about the federal, state, and local laws impacting education, employment, safety, and civil rights LGBTQ+ people in their communities. They recognize that laws and policies change on a regular basis and maintain their knowledge in these areas.

18. Mental health clinicians are knowledgeable about the vulnerability to health risk behaviors in LGBTQ+ people, including but not limited to risks for STI/HIV and substance use.

19. Mental health clinicians are knowledgeable about the ways the family of origin for LGBTQ+ people can serve as sources of psychological wellbeing, resilience, and/or risk.

20. Mental health clinicians are knowledgeable about the unique aspects of mental health vulnerability for LGBTQ+ clients and possess knowledge of specific experiences of clients who are bisexual, transgender, and/or nonbinary.



TERMINOLOGY

The LGBTQ+ community is a heterogeneous and dynamic group of human beings. The lived experiences and mental health needs of this community are not homogeneous and require an understanding that these competencies are not a panacea for ameliorating mental health challenges, but rather provide clinicians with a skillset necessary to be culturally competent and sensitive when working with LGBTQ+ people.

The selection of the umbrella term “LGBTQ+” to describe its community of focus in the *Competencies* is intentional. It allows for precision as well as flexibility for people who may possess unique forms of self-definition. However, we must be aware that there are inherent limitations to the verbiage presented here compared to what is used in the community.

The team has defined some of the current LGBTQ+ identities and common terminology below, based on both current peer-reviewed definitions as well as community definitions (Burnes et al., 2010; Harper et al., 2013; Human Rights Campaign, n.d.; National Academies of Sciences, Engineering, and Medicine, 2020)¹ The language below is also from the lens of a majority of Western understanding of sexuality and gender, which does not cover the full lived experiences of all LGBTQ+ people. Some people and communities may prefer different terminology. Mental health clinicians must listen to and honor the terminology that is used in the setting or community they work in.

Agender: a person who does not identify with one or any particular gender; some consider themselves gender-neutral.

Asexual:² a person with a lack of sexual attraction or desire for other people.

Bigender: a person who identifies as having two gender identities though not necessarily simultaneously, in the same way, or to the same degree.

Biphobia: the fear and hatred of, or discomfort with, people who love and are sexually attracted to more than one gender; this fear and hatred can be both externalized (overt actions towards LGBTQ+ community members) and internalized (beliefs within an individual who identifies as bisexual).

¹ Specifically, mental health clinicians (1) should be aware of the fluidity of changes in the language in this moment; (2) must be sensitivity to the optics of lumping distinct experiences and identities together; (3) must stay current with language and identity in order to be considered competent; and (4) acknowledge the limitations in the current research literature that informed the development of the competencies and our need to be as precise as we can from a research standpoint.

² These competencies could have relevance to asexual individuals, but because members of this community do not necessarily identify as LGBTQ+, mental health clinicians should be advised of the need for further training and examination of the needs of this community.



Bisexual: a person who is emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity though not necessarily simultaneously, in the same way, or to the same degree.

Cisgender: a person whose gender identity is consistent with their sex assigned at birth.

Gay: a person who is emotionally, romantically, or sexually attracted to members of the same gender.

Gender-expansive: a person with a wider, more flexible range of gender identity and/or expression than typically associated with the binary gender system. Often used as an umbrella term when referring to young people still exploring the possibilities of their gender expression and/or gender identity.

Gender expression: the way someone presents their gender externally through actions, clothing, and/or mannerisms. This expression does not necessarily indicate an individual's gender identity.

Gender-fluid: a person who does not identify with a single fixed gender or has a fluid or unfixed gender identity.

Gender identity: one's innermost concept of self as male, female, a blend of both or neither – how individuals perceive themselves and what they call themselves. One's gender identity can be the same or different from their sex assigned at birth.

Gender-neutral: a person who does not identify with one or any particular gender; some consider themselves asexual.

Gender non-conforming: a broad term referring to people who do not behave in a way that conforms to the traditional expectations of their gender, or whose gender expression does not fit neatly into a category. While many also identify as transgender, not all gender non-conforming people do.

Genderqueer: a person may see themselves as being both male and female, neither male nor female, or as falling completely outside these categories. Genderqueer people typically reject notions of static categories of gender and embrace a fluidity of gender identity and often, though not always, sexual orientation.

Homophobia: the fear and hatred of, or discomfort with, people who are attracted to members of the same sex.



Intersex:³ a person born with a variety of differences in sex traits and reproductive anatomy. Heterogeneity exists among intersex individuals with respect to gonads, genitalia, chromosomes, hormones, and secondary sex traits. “Differences in sex development” is a newer term used to describe this population.

Lesbian: a woman who is emotionally, romantically, or sexually attracted to other women.

LGBTQ+: this acronym stands for lesbian, gay, bisexual, transgender, and queer, or questioning, but can represent even more identity labels. It is often used to refer to people and communities with sexual orientations and gender identities that are not cisgender and/or heterosexual.

Monosexual: people who are attracted to only one gender, such as lesbian, gay, and straight people.

Non-binary: an adjective describing a person who does not identify exclusively as a man or a woman. Non-binary people may identify as being both a man and a woman, somewhere in between, or as falling completely outside these categories. While many also identify as transgender, not all non-binary people do. Non-binary can also be used as an umbrella term encompassing identities such as agender, bigender, genderqueer, or gender-fluid.

Non-monosexual: people who are attracted to more than one gender (including bisexual people).

Pansexual: a person who is potentially emotionally, romantically, or sexually attracted to more than one sex, gender, or gender identity though not necessarily simultaneously, in the same way, or to the same degree. This term is sometimes used interchangeably with bisexual.

Queer: a term people often use to express a spectrum of identities and orientations that are counter to the mainstream. Queer is often used as a catch-all to include many people, including those who do not identify as exclusively straight and/or people who have non-binary or gender-expansive identities.

Questioning: a person who is in the process of exploring their sexual orientation or gender identity.

Same-gender-loving: a term used colloquially among Black and African American communities to describe non-heterosexual relationships.

Sexual identity: both a personal and social identity that typically reflects relatively enduring patterns of sexual attraction and behavior as well as membership in a social group based on shared experiences (e.g., lesbian, gay, bisexual, or queer).

³ These competencies could have relevance to intersex individuals, but because members of this community do not necessarily identify as LGBTQ+, mental health clinicians should be advised of the need for further training and examination of the needs of this community.



Sexual orientation: an inherent or immutable enduring emotional, romantic, or sexual attraction to other people. Note: an individual's sexual orientation is independent of their gender identity.

Transgender: an umbrella term for people for people whose gender identity and/or expression is different from the sex they were assigned at birth. Being transgender does not imply any specific sexual orientation; therefore, transgender people may identify as straight, gay, lesbian, bisexual, pansexual, etc. Moreover, for this term to be used appropriately, people must self-identify as transgender or trans.

Transphobia: the fear and hatred of, or discomfort with, people who identify as or are attracted to people who identify as transgender.

Two Spirit: a term used within the Native American community to describe the fluidity of gender or to describe people who fulfill a traditional third-gender ceremonial role in their communities.

ACKNOWLEDGEMENTS

We thank the 2019-2021 UMD-PRC CAB* members: Francesca Gaiba, John Pachankis, Paul Poteat, Caitlin Clark, Paz Galupo, Wendy Bostwick, Ellen Kahn, Ezra Halstead, Guin Davis, Jean-Michel Brevelle, Christi McGeorge, Paul Heins, Sarah Gilden, and Jasmine Anthony for their expertise and guidance throughout the completion of the SGDLG Competencies.

Infrastructure and research support was provided by University of Maryland Prevention Research Center cooperative agreement #U48DP006382 from the Centers for Disease Control and Prevention (CDC). Any interpretations and opinions expressed herein are solely those of the authors and may not reflect those of the CDC.

SUGGESTED CITATION

Smith-Bynum, M. A., Aparicio, E. M., Shin, R. Q., Lare, S., Vigorito, M., Fish, J. N., Williams, N. D., & Boekeloo, B. O. (2022, September). *Competencies for Mental Health Clinicians Working with LGBTQ+ People in Mental Health Care*. University of Maryland Prevention Research Center.

REFERENCES

- Allen, S. H., & Smith-Bynum, M. A. (2018). Changing attitudes and policy regarding LGBT individuals and their families. In M. A. Smith-Bynum (Ed.), *Families in daily life: Macro and micro perspectives*. (pp. 421-438). Cognella Academic Press.
- Burnes, T. R., Singh, A. A., Harper, A. J., Harper, B., Maxon-Kann, W., Pickering, D. L., Moundas, S., Scofield, T. R., Roan, A., Hosea, J., & ALGBTIC Transgender Committee. (2010). American Counseling Association: Competencies for counseling with transgender clients. *Journal of LGBT Issues in Counseling*, 4(3-4), 135–159. <https://doi.org/10.1080/15538605.2010.524839>
- Burgess, D., Lee, R., Tran, A., & van Ryn, M. (2007). Effects of perceived discrimination on mental health and mental health services utilization among gay, lesbian, bisexual, and transgender persons. *Journal of LGBT Health Research*, 3(4), 1-14. <https://doi.org/10.1080/15574090802226626>
- Callahan, E. J., Sitkin, N., Ton, H., Eidson-Ton, W. S., Weckstein, J., & Latimore, D. (2015). Introducing sexual orientation and gender identity into the electronic health record: One academic health center's experience. *Academic Medicine*, 90(2), 154-160. <https://doi.org/10.1097/ACM.0000000000000467>



- Chester, S. D., Ehrenfeld, J. M., & Eckstrand, K. L. (2014). Results of an institutional LGBT climate survey at an academic medical center. *LGBT Health, 1*(4), 327-330. <https://doi.org/10.1089/lgbt.2013.0055>
- Collins, J. C., McFadden, C., Rocco, T. S., & Mathis, M. K. (2015). The problem of transgender marginalization and exclusion: Critical actions for human resource development. *Human Resource Development Review, 14*(2), 205-226. <https://doi.org/10.1177/1534484315581755>
- Conron, K. J., & Goldberg, S. K. (2020). Adult LGBT population in the United States. Fact Sheet. UCLA Williams Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/LGBT-Adult-US-Pop-Jul-2020.pdf>
- Eckstrand, K. L., Lunn, M. R., & Yehia, B. R. (2017). Applying organizational change to promote lesbian, gay, bisexual, and transgender inclusion and reduce health disparities. *LGBT Health, 4*(3), 174-180. <https://doi.org/10.1089/lgbt.2015.0148>
- Russell, S. T., & Fish, J. N. (2016). Mental Health in Lesbian, Gay, Bisexual, and Transgender (LGBT) Youth. *Annual Review of Clinical Psychology, 12*(1), 465-487. <https://doi.org/10.1146/annurev-clinpsy-021815-093153>
- Fredriksen-Goldsen, K. I., Hoy-Ellis, C. P., Goldsen, J., Emler, C. A., & Hooyman, N. R. (2014). Creating a vision for the future: Key competencies and strategies for culturally competent practice with lesbian, gay, bisexual, and transgender (LGBT) older adults in the health and human services. *Journal of Gerontological Social Work, 57*(2-4), 80-107. <https://doi.org/10.1080/01634372.2014.890690>
- Fredriksen-Goldsen, K. I., Kim, H.-J., Shiu, C., Goldsen, J., & Emler, C. A. (2015). Successful aging among LGBT older adults: Physical and mental health-related quality of life by age group. *The Gerontologist, 55*(1), 154-168. <https://doi.org/10.1039/geront/gnu081>
- Fredriksen-Goldsen, K. I., Simoni, J. M., Kim, H.-J., Lehavot, K., Walters, K. L., Yang, J., Hoy-Ellis, C. P., & Muraco, A. (2014). The health equity promotion model: Reconceptualization of lesbian, gay, bisexual, and transgender (LGBT) health disparities. *American Journal of Orthopsychiatry, 84*(6), 653-663. <https://doi.org/10.1037/ort0000030>
- Harper, A., Finnerty, P., Martinez, M., Brace, A., Crethar, H. C., Loos, B., Harper, B., Graham, S., Singh, A., Kocet, M., Travis, L., Lambert, S., Burnes, T., Dickey, L. M., Hammer, T. R., & ALGBTIC LGBQQIA Competencies Taskforce. (2013). Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex, and ally individuals. *Journal of LGBT Issues in Counseling, 7*(1), 2-43. <https://doi.org/10.1080/15538605.2013.755444>
- Human Rights Campaign. (n.d.). *Glossary of terms*. <https://www.hrc.org/resources/glossary-of-terms>
- Klein, K., Holtby, A., Cook, K., & Travers, R. (2015). Complicating the coming out narrative: Becoming oneself in a heterosexist and cissexist world. *Journal of Homosexuality, 62*(3), 297-326. <https://doi.org/10.1080/00918369.2014.970829>
- Lannert, B. K. (2015). Traumatogenic processes and pathways to mental health outcomes for sexual minorities exposed to bias crime information. *Trauma, Violence, & Abuse, 16*(3), 291-298. <https://doi.org/10.1177/1524838014526067>
- McFadden, C. (2015). Lesbian, gay, bisexual, and transgender careers and human resource development: A systematic literature review. *Human Resource Development Review, 14*(2), 125-162. <https://doi.org/10.1177/1534484314549456>
- National Academies of Sciences, Engineering, and Medicine. (2020). Understanding the well-being of LGBTQ+ populations. Washington, DC: The National Academies Press. <https://doi.org/10.17226/25877>
- National LGBT Health Education Center. (2019). *Promoting the behavioral health of LGBT older adults*. https://www.lgbtqihealtheducation.org/wp-content/uploads/2019/07/TFIE-34_LGBT-Older-Adults-Brief_final_web.pdf
- Pharr, J. (2021). Health Disparities Among Lesbian, Gay, Bisexual, Transgender, and Nonbinary Adults 50 Years Old and Older in the United States. *LGBT Health, 8*(7), 473-485. <https://doi.org/10.1089/lgbt.2021.0009>
- Reitman, D. S., Austin, B., Belkind, U., Chaffee, T., Hoffman, N. D., Moore, E., Morris, R., Olson, J., & Ryan, C. (2013). Recommendations for promoting the health and well-being of lesbian, gay, bisexual, and transgender adolescents: A position paper of the society for adolescent health and medicine. *Journal of Adolescent Health, 52*(4), 506-510. <https://doi.org/10.1016/j.jadohealth.2013.01.015>
- Russell, S. T., Ryan, C., Toomey, R. B., Diaz, R. M., & Sanchez, J. (2011). Lesbian, gay, bisexual, and transgender adolescent school victimization: Implications for young adult health and adjustment. *Journal of School Health, 81*(5), 223-230. <https://doi.org/doi:10.1111/j.1746-1561.2011.00583.x>
- Rutherford, K., McIntyre, J., Daley, A., & Ross, L. E. (2012). Development of expertise in mental health service provision for lesbian, gay, bisexual and transgender communities. *Medical Education, 46*(9), 903-913. <https://doi.org/10.1111/j.1365-2923.2012.04272.x>
- Sánchez, N. F., Sánchez, J. P., Lunn, M. R., Yehia, B. R., & Callahan, E. J. (2014). First annual LGBT health workforce conference: Empowering our health workforce to better serve LGBT communities. *LGBT Health, 1*(1), 62-65. <https://doi.org/10.1089/lgbt.2013.0020>
- Sears, B. M., C., Flores, A. R.; Conron, K. J. (2021). LGBT People's Experiences of Workplace Discrimination and Harassment. S. o. L. W. Institute. <https://williamsinstitute.law.ucla.edu/wp-content/uploads/Workplace-Discrimination-Sep-2021.pdf>
- Shipherd, J. C. (2015). Defining competence when working with sexual and gender minority populations: Training models for professional development. *Clinical Psychology: Science and Practice, 22*(2), 101-104. <https://doi.org/10.1111/cpsp.12100>
- Sitkin, N. A., & Murota, D. (2017). Moving beyond the basics of the binary: Addressing mental health needs and suicidality among transgender youth. *Journal of the American Academy of Child & Adolescent Psychiatry, 56*(9), 725-726. <https://doi.org/10.1016/j.jaac.2017.07.005>
- Smith, S. K., & Turell, S. C. (2017). Perceptions of healthcare experiences: Relational and communicative competencies to improve care for LGBT people. *Journal of Social Issues, 73*(3), 637-657. <https://doi.org/10.1111/josi.12235>
- Yarns, B. C., Abrams, J. M., Meeks, T. W., & Sewell, D. D. (2016). The mental health of older LGBT adults. *Current Psychiatry Reports, 18*(6), 60. <http://doi.org/10.1007/s11920-016-0697-y>

