As the 21st century progresses, the chances are that an even greater number of groups of individuals with specific needs will emerge. Thus, what began as a humble counseling program in the 20th century to help job seekers match their skills and interest with requirements of work roles should continue to expand its focus to include appropriate counseling models for other groups who present legitimate needs. Gay, lesbian, bisexual, and transgendered (GLBT) persons are not an exception to that position. This grouping of sexual minorities does not imply that their needs are the same and does not suggest a greater priority for any one group. Distinctions between groups and within groups will be highlighted throughout this chapter. The terms sexual minority and GLBT will be used interchangeably.

In the first section some general trends and counseling issues of sexual minority clients will be introduced. The sections that follow will include discrimination in the workplace of sexual minorities, identity issues, cultural differences in sexual orientation, career counseling suggestions for sexual minority clients, and interventions for GLBT clients.

GLBT Clients

There appears to be a growing trend for more open discussion about the effects of sexual orientation on career development. Barrett and Logan (2002) and Slattery (2004) reported that more lesbian women and gay men are coming out of the closet...
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and discussing issues they face, especially in the workplace. Evidence suggests that more companies are supporting gay and lesbian associations and networks, including Xerox, AT&T, Lockheed, Rand Corporation, Hewlett-Packard, Sun Microsystems, U.S. West Communications, and Levi Strauss among others (Gelberg & Chojnacki, 1996). Many of these organizations have regarded gay men and lesbian women and transgendered individuals as another diverse group in the workforce and are dealing with this group just as they do with multiethnic groups; they have added a sexual-orientation component to diversity training programs. However, the issues surrounding sexual orientation in general and its effect on career development and bias in the workplace are far from being settled.

One major objective of GLBT clients is to find acceptance in the workplace by removing barriers that discriminate and inhibit their career development. Hudson (1992) suggested that counselors should prepare for counseling sexual minority clients by building an extensive body of resources including specific information on those organizations and companies that support them as employees and a list of sexual minority clients who could provide support and information. Several years ago Eldridge (1987), supported by Barrett & Logan (2002), suggested that counselors should: (1) keep in mind the subtle, insidious nature of heterosexual bias and use this knowledge as a reminder for reflection (2) use gender-free language; (3) become familiar with models of GLBT identity formation; (4) identify a consultant who can provide helpful information or feedback from sexual minorities; and (5) become familiar with local support networks. Counselors may also use the following checklist as a starting point when preparing to counsel sexual minority clients.

Counselor Checklist

A counselor checklist by Goldenberg and Goldenberg (2008) containing myths regarding sexual minority clients is provided in Box 11.1. There are many purposes for this list, but one of the most relevant is the need for counselor preparation for counseling clients who have different sexual orientations. As mentioned on several pages in this text, stereotypes need to be debunked when dealing with the needs of special groups, and there are many common myths regarding GLBT clients that have led to identity issues and self-criticism. It is therefore the responsibility of counselors to build an understanding of the unique development as well as the basic issues sexual minorities face in contemporary society.

Some General Counseling Issues

In this section I briefly focus on problems and concerns sexual minorities face in career counseling and in the workplace. The first issue that generally surfaces is that of stereotyping about the kind of jobs gay men and lesbian women commonly hold. For example, gay men are thought to occupy traditional female jobs such as interior decorators or hair stylist, lesbians are firefighters, truck drivers, and auto mechanics. As has been emphasized throughout this text, clients should feel free to explore all occupations of interest. Clients who have had their career aspirations limited because of stereotyping—that is, the jobs they consider appropriate because of their sexual orientation—especially need encouragement to consider all career options. Counselors need to take an active role in challenging stereotypes in an effort to expand a client’s perception of what is an appropriate career, and in this context, sexual orientation should be viewed as only one factor to consider in career exploration and decision making.
Homophobia has been described as “an irrational fear, hatred, and intolerance of GLBT persons” (Gelberg & Chojnacki, 1996, p. 21). This feeling of fear, hatred, and intolerance has led to violence, discrimination, and rejection of sexual minorities in society in general and the workplace in particular. This fear enhances negative stereotypes and is deeply embedded in our society and in many societies around the world. Currently, there are frequent reports of extreme violence resulting in physical and psychological harm to sexual minorities (Brammer, 2004; Slattery, 2004). These violent reactions are thought to be driven by a thinking process that is labeled as homophobic.

Internalized homophobia refers to how sexual minorities can be affected by societal beliefs that are often expressed by salient messages in one’s environments, especially during the course of one’s early development. In early identity development, some sexual minorities who are greatly affected by internalized homophobia reject themselves as appropriate individuals and form a dislike for self and a self-hatred for their feelings of attraction to members of the same sex. This is particularly true during early stages of awareness of their sexual orientation. Adolescents, for instance, might not fully understand the precise meaning of their differences in sexual identity but quickly learn that it is negatively regarded. They may be described as highly anxious, fearful, guilty, and self-loathing (Barrett & Logan, 2002; Gelberg & Chojnacki, 1996). Gay and lesbian adolescents are particularly vulnerable to internal conflicts when coming to terms with their sexual orientation and challenges and threats from their peers and others in society (Heatherington & Lavner, 2008). Research also tells us that gay and lesbian adolescents often experience mental health problems (Williams, Connolly, Pepler, & Craig, 2005).

**Box 11.1: A Counselor Checklist of Common Myths Regarding Homosexuality**

**DO YOU BELIEVE THESE STATEMENTS?**

- Most gay men are effeminate, and most lesbians are masculine in appearance and behavior.
- Most gay couples adopt male/female (active/passive) roles in their relationships.
- All gay men are sexually promiscuous.
- Gay men believe that they are women in men’s bodies, and gay women believe that they are men in women’s bodies.
- Most gay people would have a sex-change operation if they could afford it.
- Most gay people are child molesters.
- People choose to become homosexual.
- Most gay people are unhappy with their sexual orientation and seek therapy to convert to heterosexuality.
- Counselors report high success rates in converting homosexuals to heterosexuals.
- Most gay people are easily identifiable by their dress and mannerisms.
- Homosexual behavior is unnatural because it does not occur in other species.
- Homosexuality is the result of a hereditary defect.
- Homosexuals have hormone abnormalities.
- All homosexual males have dominant, overbearing mothers and weak, passive fathers.
- Homosexuality threatens the continuity of the species.
- All male hairdressers, interior decorators, and ballet dancers are homosexuals.
- Homosexuality is an illness that can be cured.

**Source:** Gartrell (1983).

In contemporary society in this country and in many others throughout the world, heterosexism is considered the only viable lifestyle (Galliano, 2003). The point here is that counselors must be aware of their own homophobic and heterosexist bias when counseling sexual minorities. Those counselors who want to become sexual minority affirmative must challenge their own assumptions when trying to understand the complexity of a sexual orientation different than their own. One’s sexual orientation has long-term consequences; for example, two same-sex partners who live together may not have the same rights as legally married heterosexual individuals do. Sexual minorities are not welcome in some work environments. The stigma associated with being a sexual minority might continue over the life span. What is suggested here is that sexual minorities might view career life planning much differently than heterosexual individuals do.

In the early 1990s, the American Psychological Association (1991) issued a published set of guidelines for avoiding heterosexual bias in language. Counselors should carefully choose proper words, especially gender-free nouns such as partner or significant other. Avoid the term homosexual, which could imply a diagnostic category of mental illness. Use the term sexual orientation rather than sexual preference.

Counselors should also become familiar with the term transgendered. As the term implies, it designates “someone who identifies with both male and female roles or as a member of an alternative gender” (Barrett & Logan, 2002, p.121). Thus a transgendered person lives as a member of the sex opposite from her or his biological sex. Barlow and Durand (2009) emphasize the term gender identity disorder, that is, a person may feel trapped in the body that he or she considers to be the wrong sex. Sexual reassignment surgery is used for genital reconstruction and is accompanied by rigorous psychological preparation. It should not surprise anyone that people who are identified as transgendered are often subjected to intense criticism and disapproval; rejection and isolation are often experienced. Individuals who received sexual reassignment surgery have needs that are similar to other sexual minorities albeit they also have special needs; they face significant oppression.

Discrimination of Sexual Minorities at Work

There are many forms of discrimination of sexual minorities at work. One example is overt discrimination, which can lead to violence directed at GLBT individuals. “Gay bashing,” which is not always work related, has been documented in newspaper articles in various geographical regions. Many incidents of “gay bashing” are not reported, however, primarily because the victim is reluctant to call attention to his or her sexual orientation. In many cases, violence is simply threatened as a means of harassing sexual minorities at work.

“Hidden discrimination” is typically involved in hiring, promotion, and compensation (Barrett & Logan, 2002; Brammer, 2004; Friskopp & Silverstein, 1995; Slattery, 2004). Known sexual minorities may be treated differently than their peers and may experience diminished opportunities for advancement. This form of discrimination is subtle but effectively relays the message that this person is not wanted in an organization. Overt and hidden discrimination in a work environment obviously discourages sexual minorities from making their sexual orientation known.

Other forms of discrimination are blackmail, ostracism, sexual harassment, exclusion or avoidance, termination, and the so-called “lavender ceiling.” Openly gay managers may not have access to higher level corporate positions because of their sexual orientation, and as a result, plateau early in their careers when they reach the “lavender ceiling” (Friskopp & Silverstein, 1995). The “lavender ceiling” for sexual
minorities, like the “glass ceiling” for women, is a discrimination method that is often hidden.

Discrimination at work, especially in a hostile work environment, has the potential of being very threatening to sexual minorities; support groups may be very helpful. Clients may find that networking provides important and relevant information to help determine if one should leave an organization or transfer to another more friendly and amiable division. Counselors should provide a list of company-based sexual minority employee groups that can provide information about specific organizations. Statewide gay professional organizations are another valuable resource. Clients can also be directed to resources that provide the names and addresses of sexual minority friendly organizations as listed in the final section of this discussion. Finally, a resource file of individuals who have experienced workforce discrimination as a sexual minority and are willing to help others is a most valuable referral source.

## Model of Homosexual Identity Formation

Cass (1979, 1984) has developed a gay identity model entitled the model of homosexual identity formation (HIF). There appears to be empirical evidence to support its constructs (Levine & Evans, 1991). The HIF contains six stages:

- **Stage I: Identity confusion**
- **Stage II: Identity comparison**
- **Stage III: Identity tolerance**
- **Stage IV: Identity acceptance**
- **Stage V: Identity pride**
- **Stage VI: Identity synthesis**

Stage I, identity confusion, may be described as an awareness stage in which the individual recognizes that his or her feelings and behaviors indicate a same-sex orientation. This is a period of soul-searching and internal conflicts and a process of clarifying self-concept in adolescence during which coming to terms with sexual identity is an integral part of development. In Stage II, identity comparison, the individual acknowledges the possibility of being attracted to the same sex, feels different, and develops a sense of social alienation; the individual has difficulty in identifying with family and peer groups. During Stage III, identity tolerance, the individual tolerates rather than accepts an identification of an individual whose sexual orientation is different; however, the individual begins to contact other sexual minorities to counter isolation. Stage IV, identity acceptance, is characterized by continued contacts with other GLBT persons to validate a new identity and a new way of life. The individual accepts a sexual minority orientation as an alternate identity. In Stage V, identity pride, the individual takes pride in disclosing an identity as a sexual minority and rejects heterosexuality as the only appropriate lifestyle. In the final stage, Stage VI, identity synthesis, the individual is able to integrate her or his identity with other aspects of self and develops compatibility with both heterosexual and sexual minority worlds.

When using this model as a framework for career counseling, the counselor should be aware of the following four points: (1) Some sexual minorities may recycle through the model depending on experiences and encounters within contextual interactions in the environment and particularly in the work environment; their progress might not be continuous; (2) the time it takes to move through the different stages in the identity model can vary enough so there are significant differences and might involve other factors not accounted for in the model; (3) there appear to be developmental differences between GLBT persons that could result in different patterns of identity development;
and (4) sexual orientation is only one variation in human development and other variables might account for individual variation (Barlow & Durand, 2009, Brammer, 2004; D’Augelli, 1991; Fassinger & Schlossberg, 1992; Fox, 1991; Gelberg & Chojnacki, 1996; Pope & Reynolds, 1991; Reynolds & Hanjorgiris, 2000; Sophie, 1986).

A good characterization of sexual minority identity development is a gradual process of discovery rather than a sudden awakening during childhood. Children might sense a feeling of being different, and this perception can provide sexual meaning during puberty. Periods of confusion might be followed by anxiety that usually takes years to resolve. Progress from one stage to another is usually not orderly, but individuals move to and from stages of development sporadically as they struggle with self-awareness (Barrett & Logan, 2002; Brammer, 2004; Coleman & Remafedi, 1989). Thus, counselors who can identify a client’s progress in the HIF model have significant information concerning self-awareness and other important factors relevant to career decision making.

### Cultural Differences in Sexual Orientation

In this section, we focus on differences in sexual orientation by culture. The research in this area is very sparse; counselors should watch for more in-depth research and analysis in the near future. More than likely new themes and patterns of cultural differences in sexual orientation will emerge early in the 21st century. In the meantime, this discussion of cultural differences in sexual orientation provides a means of discovering special needs of Asian Americans, African Americans, Latina and Latino Americans, and Native Americans.

According to Chung and Katayama (1999), there are significant differences between Asian and American cultures toward acceptance of the different sexual orientation of GLBT individuals. Chung and Katayama point out that heterosexism and homophobia are more prominent and intense in Asian cultures and suggest three overarching reasons why homosexuality is not accepted in Asian cultures: First is the philosophy of harmony and complementary parts of the Chinese yin-yang, which has counterparts in other Asian cultures such as Korea and Japan. This philosophy represents a natural order of life that prescribes that persons of the opposite sex are to be unified; thus, it is against nature to have a same-sex orientation. Second, because traditional gender roles and family systems in most Asian cultures are so highly honored, same-sex orientations are unacceptable. As a result, sexual minority activities and relationships are closely censored. Third is the prominence of agrarian societies in Asian countries, in which farmlands are passed down from one traditional family to the next. Same-sex orientation works against this long-established tradition. These traditions and the philosophy of a “natural life,” according to yin-yang, do not allow for an open same-sex orientation lifestyle. Because the consequences of disclosing a same-sex orientation are so severe, most sexual minorities remain in the closet. As a result, the concept of GLBT identity is not recognized in many Asian cultures (Chung & Katayama, 1999).

Asian American sexual minorities have found a somewhat more compatible environment in America, especially in certain geographic regions. Being aware of the mores, traditions, and lifestyles of the sexual minorities’ mother country and its society, however, provides counselors a greater understanding of identity development and contextual messages individuals receive from their environment in this country. Evidence also indicates that Asian lesbians and gays have difficulty in being accepted in white and middle-class–oriented gay communities (Chan, 1989; Newman & Muzzonigro, 1993). In this context they are considered, like other minority ethnic groups, to have a double minority status. As Chung and Katayama (1999) put it, their
“efforts involve the parallel psychological processes of developing integrated ethnic and sexual identities” (p. 166).

In a study by Chan (1989), 19 women and 16 men between the ages of 21 and 36 who identified themselves as lesbian, gay, and Asian Americans were interviewed and filled out a questionnaire. Most of the sample was Asian Americans who were born in Asia. The results suggested that most of these first-generation individuals preferred to identify themselves as lesbian and gay rather than as Asian Americans, but others in the sample refused to identify as one or the other, preferring instead to identify with both. This latter group felt that it was as difficult to be accepted by the gay and lesbian community as by the Asian community. Chan (1989) concluded that the stage of identity development largely determined whether an individual was identified more closely with being lesbian or gay or Asian American. Disclosure as lesbian or gay in this sample usually occurred by informing a sister rather than parents. It appeared that most felt their parents would not accept their sexual orientation and feared rejection.

In another study, Chan (1997) suggests that modern homosexual identities are Western constructs. East Asian cultures have no comparable sexual identities. Discussions about sexuality are taboo and considered highly embarrassing even among friends. An individual’s sexual orientation is considered to be private. Sexuality issues are not usually expressed in public. Moreover, the concept of individual identity does not exist; there is only group identification as a family member. Thus, cultural differences in identity development, especially among Asian Americans, need further exploration and analysis.

In a study of gay issues among Black Americans, Loiacano (1989) found similar results to those reported by Asian sexual minorities. Black American lesbians are largely considered incompatible with role expectations in a Black community (Greene, 1997; Lorde, 1984; Smith 1997). Furthermore, gay and lesbian communities do not offer the same level of affirmation to Blacks that they do to their White members. Black gay men are viewed as inferior as members of gay communities and do not receive the same level of affirmation that White members do (Icard, 1986). Loiacano (1989) confirmed these findings in an interview with a small sample of three males and three females. Later, he suggested that three themes emerged from his interview: (1) finding validation in the gay and lesbian community, (2) finding validation in the Black community, and (3) needing to integrate identities (Loiacano, 1993). Although his study is considered as providing only tentative data, it seems to verify the idea of a double minority status among Black gays and lesbians.

A study of 20 older African American gay men living in New York City, whose average age was 56, presents some interesting data. The authors of this study conclude that being an African American gay was different than being White and gay primarily because of the interpretation of race and color in our society (Adams & Kimmel, 1997). In the African American community, gay men are perceived negatively as wanting to be female, as being cross-dressers, and as threatening family child-rearing responsibilities. Gay men are also perceived as traitors to African American families and their race. The lesbian and gay community is viewed as a White establishment that ignores the needs of people of color. These attitudes and stereotypes make it difficult for African American gay men to feel accepted in both the African American community and the gay and lesbian community (Adams & Kimmel, 1997). The results of this study should be interpreted as characteristic of this sample only; however, similar conclusions were reached by Barrett and Logan (2002), Icard (1986), Lorde (1984), and Loiacano (1993).

Finally, a study of the results of an anonymous questionnaire of 1400 African American gay men and lesbian women from various geographic regions in the continental United States was reported by Peplau, Cochran, and Mays (1997). Significant
conclusions of relevant information for career counseling include the findings that interracial partners were relatively common among the respondents and that same-sex activities are often more hidden in the African American community than in White gay and lesbian communities. These conclusions suggest that African American gay and lesbians have little support for their sexual orientation within their communities, which makes it more difficult to integrate identities for career development and to focus on traditional career and life planning issues.

Barrett and Logan (2002) and Espin (1987) found similar results among Latina lesbian women. This group of lesbians also feared rejection in the Hispanic community and received marginal support in the gay and lesbian community. Espin found that it was difficult to determine if ethnic identity or sexual orientation identity was considered most important by the women studied. She concluded that her respondents had varying degrees of success as identifying as both lesbian and Latina.

Morales (1992) depicts the Latino and Latina community as being excessively homophobic and thus having little tolerance for gay and lesbian lifestyles. He suggests that Latino gay men and Latina lesbians exist in three worlds: the gay and lesbian community, the Latino and Latina community, and the White heterosexual mainstream society. Choosing which of the three to identify with presents challenges and conflicts that are indeed complex. In the beginning of the choice process, Latino gay men and Latina lesbians might resort to denial of conflicts. Using the unrealistic logic of denial, they might naively choose a gay and lesbian lifestyle with the hope that they will find a utopian lifestyle free of discrimination and conflicts they encounter in their own communities and in the dominant culture.

A second choice might focus on coming out as a bisexual rather than as gay or lesbian. This choice avoids being labeled and categorized as gay, or in Spanish, maricón, and thus, might be more acceptable to individuals who have difficulty in identifying with gay and lesbian communities. In a third choice, Latino gay men and lesbian women choose to live independently in all three communities and not “mix” the three. The conflicts in allegiances that soon develop usually lead to high levels of anxiety and fears of betrayal and most come to the conclusion that some form of unity is desirable (Morales, 1992).

In the final stages of establishing priorities, the integration process becomes the central focus. Being identified within three communities as gay or lesbian, however, can result in fear and anxiety about the future and lead to the recognition that such an identity will be a constant challenge. These circumstances expose Latino gay men and Latina lesbians to risks of losing career opportunities that are already limited because of their minority status (Morales, 1992). Like other minority groups, Latino gay men and Latina lesbians should be helped throughout this entire process by support groups and relevant information about prospective employers and their hiring policies (Barrett & Logan, 2002; Slattery, 2004).

To understand the gay and lesbian world of Native Americans, we must digress to the mid-18th century. French missionaries at that time reported finding Native American men who dressed in women’s clothing, assumed female roles, and accepted other men as sexual partners. The French word berdache, meaning “male homosexual,” was given to these men and also to women who assumed the role of warrior and hunter and wore male attire.

Among the Native Americans in whom this behavior was observed, the berdache were not only tolerated, but also well accepted in some tribes. The berdache phenomenon was evidently widespread in the major cultural groups in North America, in some tribes in Mexico and South America, and among the Alaskan Eskimo (Mondimore, 1996).

According to Tafoya (1997) and Brown (1997), the berdache phenomenon is a part of a Native American’s worldview of a “Two-Spirited tradition.” In this context,
Native Americans are not comfortable with identifying themselves as GLBT persons but, rather, as individuals who possess both male and female spirits. As Tafoya (1997) explains, “gay can be seen as a noun, but Two-Spirit as a verb. . . . This is meant as a metaphorical statement, meaning that a noun is a person, place, or thing, whereas a verb deals with action and interaction” (p. 5). What is emphasized here is that the Native American tradition stresses transformation and change that are too flexible to fit the categories of gay or straight. Masculine and feminine concepts of Native Americans are quite different from European concepts. There is a greater spectrum of acceptable sexual behavior among Native Americans, and there is less stigma associated with women who assume male roles and men who assume female roles (Brammer, 2004; Brown, 1997; Highwater, 1990).

The berdache phenomenon and the Two-Spirited person might not be well known among many young Native Americans, especially those who have attended federal boarding or missionary schools. However, a visit to the Lakotas and Sioux in the Northern Plains in 1982 found that the berdache tradition was still practiced although modified from what was described as the “old ways” (Williams, 1993). Contemporary practices are more secretive and are not enthusiastically endorsed by young Native Americans; however, Native Americans in general have great tolerance and respect for personal choice. In this context, the Native American community might be more accepting of individuals who identify as Two-Spirited in Native American terms or as GLBT in the dominant society. Nevertheless, GLBT individuals must also face a dominant society that is less tolerant and discriminates against individuals who are identified as having a same-sex orientation. Native Americans are also subject to stereotyping as discussed in chapter 10.

In sum, one could conclude that ethnic minority gays indeed have a double minority status. A lesbian ethnic minority could be given a triple minority status. Both ethnic minority gays and lesbians struggle with parallel psychological processes of identity; ethnic identity and sexual orientation identity development complement or complicate self-awareness and self-concept development. In addition, lesbians must also overcome gender role socialization that can limit career development.

Throughout this text it has been emphasized that we must identify unique individual needs for career counseling direction. In this section some needs have been identified that can be generalized to most ethnic minority GLBT groups. In other words, ethnic minority GLBT persons share some general needs such as protection against discrimination, but each group of ethnic minorities also has special needs. Within these groups, individual needs must also be unearthed. In essence, all the unique needs of individuals who seek career counseling should be addressed.

### Counseling GLBT-Oriented Youth

Counselors have often been reminded that adolescents most need their services. In the context of working with GLBT-oriented youth, the complex task of sexual identity can be very disruptive. A counselor who is aware of the issues surrounding the development of self-concept in career development must also be alert to the special problems brought about by sexual minority status during adolescence. Many sexual minority adolescents Coleman and Remafedi (1989) interviewed had been abandoned by their friends, were rejected by their families, had failing grades, and were involved in substance abuse. Similar results have been reported by Marshal and colleagues (2008) who suggest that adolescent sexual minorities are at risk for substance abuse. Furthermore, half of the sample had run away from home, had been arrested, or had a sexually transmitted disease. A smaller minority of the group had attempted suicide,
accepted money for sexual favors, or been sexually victimized. Other studies in the 1970s by Bell and Weinberg (1978), Sager and Robins (1973), and Jay and Young (1979) found that sexual orientation was a precipitating factor in suicide attempts among sexual minorities and that most attempts at suicide occurred before the age of 21. More recently, Barrett and Logan (2002), Brammer (2004), and Remafedi (1999) suggest that suicide rates are indeed higher for sexual minority youth.

Counselors should also recognize that overall health is a most important component of career counseling and that it is not unusual for many adolescents to take health for granted in a rather cavalier way. Their attitude about HIV infection might be reflected as a gay’s problem; however, we now know that the risks of becoming HIV infected among sexually active adolescents have been well publicized. The point here is the need to inform all adolescents, including sexual minorities, of the probability of HIV infection through sexual activity and the sharing of needles. Moreover, the risks appear greater for all adolescents who have not received instructions of risk-reduction guidelines (Kail & Cavanaugh, 2010; Ryan & Futterman, 1998). What one must make clear here is that HIV/AIDS is not solely a GLBT disease.

Winfeld and Spielman (1995) have proposed an HIV/AIDS education program for the workplace that could be modified and used for other groups as well, including adolescents. Some topics that are relevant to our discussion here are the following:

- Theories of the origin of AIDS
- What are HIV and AIDS?
- How are HIV and AIDS transmitted?
- How are HIV and AIDS not transmitted?
- Who is at the greatest risk?
- Risk-reduction guidelines

Counselors who recognize the influence of sexual orientation on career development will create an atmosphere in which sexuality can be openly discussed. Counselors must be prepared to convey full acceptance of sexual minorities. Counselors are not to assume that every client is heterosexually oriented or that certain clients are sexual minorities on the basis of stereotypical suggestions. The adolescent especially needs to feel comfortable in expressing sexual orientation issues. The counselor should convey a nonjudgmental attitude. Uncertainty, ambiguity, cultural stigma, and fears of the future are viable topics to be integrated in preparing adolescents for career decision making. A summary of other suggestions for counseling GLBT youth is adapted from Barrett and Logan (2002) as follows:

1. Allow adolescents to explore their sexuality by avoiding premature labeling. Counselors are to encourage clients to seek out social and recreational opportunities. Be aware that at this age clients are immersed in a period of exploring and searching for answers.
2. Do not assume that all clients are heterosexual. Be prepared to provide accurate information regarding sexual minorities.
3. Ensure respect and confidentiality. Be prepared to discuss private sexual matters with clients. Make it clear that each client’s rights to privacy and confidentiality are legally protected.
4. Be willing to mentor a gay/straight support group. Invite other professionals to become a part of the group’s activities.
5. Be prepared to counsel both gay youth and their families. Be aware that families may react in a hostile manner. Be prepared to help adolescents and their parents with a wide range of feelings and reactions, including shock, denial, anger, and rejection.
The following six stages are designed for sexual minorities, and most important, can be included within contemporary career counseling models. Stage 1, precounseling preparation, requires the counselor to evaluate his or her awareness of sexual minority worldviews and cultures. Counselors must challenge their own assumptions about their client’s sexual orientation. Counselors may want to use consultants to assist them in the preparation process. The basic assumptions of counselors who are affirmative sexual minority helpers are characterized by an adaptation of the work of Schwartz and Harstein (1986) and quoted from Gelberg and Chojnacki (1996, p. 17) as follows:

1. Being gay, lesbian, or bisexual is not a pathological condition.
2. The origins of sexual orientation are not completely known.
3. GLBT persons lead fulfilling and satisfying lives.
4. There is a variety of GLBT lifestyles.
5. GLBT persons who attend counseling without a desire to change their sexual orientation should not be forced into change.
6. GLBT affirmative individual and group counseling should be available.

Individuals who are GLBT ethnic minorities should be perceived as having double or triple minority status. Counselors may also want to include steps that are a part of the multicultural career counseling model for ethnic minority women discussed in chapter 3. For example, in stage 1, counselors may want to self-administer the Multicultural Counseling Checklist (Ward & Bingham, 1993) and have their client take the Career Counseling Checklist (Ward & Tate, 1990), both of which are displayed in Appendices C and D. Gender issues may also be included for female clients who are considered as having a triple minority status.

Stage 2, establishing an affirmative trusting relationship, may require considerable time and effort beyond one counseling session. Counselors can expect sexual minority clients to be reluctant to express themselves freely until a trusting relationship has been established and maintained. A collaborative relationship in which the counselor is an ally is recommended as a viable affirmative approach. To be an effective ally, counselors need to become knowledgeable about sexual minority issues, limitations of career choice, and the influence of homophobic attitudes expressed by important others in a sexual minority’s career development. Affirmative career counselors not only assist sexual minorities with career decision making but also remain as allies and resources if and when discrimination is encountered in hiring and in the workplace.

Stage 3, client identity issues, involves the client’s place of development on the six stages of the Cass (1979) HIF model. This information is to be used with career development issues to evaluate the readiness of the client to make career decisions. It is also a point of reference for counseling interventions of personal counseling or psychotherapy. For instance, some clients may need further assistance with developing their identities before beginning career counseling or in conjunction with it. Client identity issues can also be related to problems with irrational thinking and emotional instability (Barlow & Durand, 2009). Difficulty with progression through identity stages also can result in client indecisive behavior. The following excerpts from a case of a female senior high school student illustrates how identity problems interfere with career decision making.

In her senior year in high school Liz was asked by her parents to see a career counselor, who observed that her speech patterns were very stilted, and she was hesitant to express herself openly, seemingly saying only what was absolutely necessary. Her counselor changed the subject to a known interest of Liz’s, horseback riding, and spent the major portion of the first counseling session discussing this topic. On her
next visit to the counseling center, Liz was much more relaxed and warmly greeted the counselor. After a few minutes of small talk, the counselor suggested that they begin the interview. This session and the following session were productive as they discussed demographic information and educational attainment. When future plans were introduced, Liz stated that her parents want her to follow a lifestyle pattern that she is not sure she wants. “Go to college and meet a nice boy you can marry,” she stated as she mocked her parents. This was the beginning of a long story Liz told that focused on her confusion with sexual identity, rebellion, and a general indecision about what the future holds for her. The more she expressed her thoughts, the more certain the counselor became that Liz was greatly confused about her identity as a woman and was far from being ready to make career choices. The counselor proceeded with personal counseling directed at identity development.

Counselors need to create a counseling climate in which the client feels free to express identity development issues. Counselors should encourage discussion of contextual interactions that may assist the client in understanding sources of confusion and negative feedback from important others and peers. Specific issues that are ethnically/racially related are most appropriate for multicultural groups. Counselors may want to use a mentor who can participate as an ally in helping clients resolve issues. In essence, counselors should offer support and be an affirmative confidante. The following case illustrates the use of an ally in the career counseling process with an ethnic minority gay man.

Julio was born in Texas to immigrant parents from Mexico. He often visited Mexico and was fluent in both English and Spanish. His stated need for career counseling went something like this: “I need a steady job so I can go to college for a better one.” As Julio discussed his background, he revealed that he was openly gay, which made him the subject of jokes on the job. He sought advice about how to manage his sexual orientation with his family and fellow workers.

Julio had not met many gays in his new community and felt uncomfortable talking to “straight” men about his problem. The counselor took this opportunity to tell Julio of a gay Mexican man who would be willing to act as an ally to help solve Julio’s problems.

After several visits with the ally, Julio informed the counselor he felt much more at ease when talking about his personal problems to an interested gay man. He felt that he had gained a better understanding of what to expect when he is identified as a gay person from members of the local Mexican American community. He also was given the names and addresses of local business places and organizations that were considered gay and lesbian friendly.

In this case the counselor felt that Julio would react most positively to someone who could realistically share his problems and provide him with advice from real-life experiences. The counselor had learned that it is most difficult to convince an ethnic minority who is gay that the counselor understands the minority’s problems. Clearly, one who has experienced similar problems as an ethnic minority and who also has a gay sexual orientation can help clients by sharing personal experiences.

Stage 4, identify variables that may limit career choice, suggests that discrimination, bias, and stereotyping are negative influences that limit career choices for all sexual minorities, including ethnic minority individuals. A thorough discussion of these three variables should center on how each might have influenced clients to not consider certain careers. The major basis for their decisions to eliminate certain careers could be so flawed that appropriate careers seem to be only those that are stereotyped for gay men, lesbian women, and ethnic minorities. Obviously, clients should conclude that any and all careers can be considered in the choice process. In essence, the client takes back what has been taken away.
Part Two  •  Career Counseling for Special Populations

Stage 5, tailored assessment, should be enhanced by a collaborative working consensus relationship; one should include the client in the selection of assessment instruments. In this process the purpose of each instrument is thoroughly explained.

In the next stage, career counseling models typically proceed to problem identification and the establishment of counseling goals. After client concerns are established as sets of needs and appropriate intervention strategies are suggested, personal and career concerns may be addressed simultaneously. Counselor and client can also develop an individual learning plan similar to the one used in the cognitive information processing model (Sampson et al., 2004) discussed in chapter 3. As counseling progresses, resources for sexual minorities should be provided including a list of websites that include locations of organizations with nondiscrimination policies, addresses for employer policies, gay employee groups, and gay professional organizations, some of which are listed at the end of stage 6.

Stage 6, job search strategies, prepares clients for developing their résumés, job interview, and locating sexual minority affirmative organizations. This process for sexual minorities involves more than finding job opportunities. In some respects the process adds another dimension to the person-environment-fit constructs; sexual minority individuals should locate a work environment that is actively GLBT affirmative. The astute counselor helps clients avoid many problems they could face in a hostile work environment by providing direction for locating a friendly environment in the job search process. The key to resolving these issues is having up-to-date resources. Thus resources should provide the criteria to determine if an organization is sexual minority affirmative, has antidiscriminatory policies that include sexual orientation, domestic partner benefit policies, diversity training that includes sexual orientation, and existence of sexual minority employee groups. Clients should also be able to evaluate overall “gay friendliness” of a potential work site. Finally, a most important resource is the networks that provide advice for sexual minorities. Counselors would be wise to compile a list of local available networks that offer assistance to sexual minorities. In addition, counselors should recruit and train local gay men and lesbian women to assist other sexual minorities who need help in locating an affirmative workplace.

The following list of web pages should offer helpful resources for sexual minority clients.

For health problems
http://gmhc.org

For families
www.pflag.org

For education and career resources
Public Education Regarding Sexual Orientation Naturally: www.personproject.org
National Gay and Lesbian Task force: www.ngltf.org
Youth Resource: A Project of Advocates for Youth: www.youthresource.com
Queer Resources Directory: www.qrd.org
National Youth Advocacy Coalition (NYAC): www.nyacyouth.org
Gay and Lesbian Association of Retiring Persons: www.gaylesbianretiring.org
The American Counseling Association: www.aglbic.org/resources/rt07.htm
The American Psychological Association: www.apa.org/pi/l&bres.html
The National Career Development Association: http://ncda.org
Unique Issues and Needs

The special needs of GLBT individuals underscore the position that some groups of people do indeed share common concerns that are to be addressed in the practice of career development. One must also recognize that there can be significant differences among individuals with disabilities; thus counselors focus on individual interpretations and reactions to contextual issues and life events.

Another unique issue for GLBT persons involved in the job search process is the question of whether the client should reveal his or her sexual orientation. This decision has many implications for sexual minority clients. Brammer (2004), Winfeld and Spielman (1995), Gelberg and Chojnacki (1996), Friskopp and Silverstein (1995), and Pope, Prince, and Mitchell (2000) suggest that coming out is a multidimensional process involving a number of factors and variables that include: the client’s identity development; the GLBT affirmative status of the employing organization; the knowledge of the client’s sexual orientation by family, friends, and associates; the status of the client’s partner and what “coming out” would mean to him or her; and the readiness of the client to face the workplace as a known sexual minority. Keep in mind that identity development is an ongoing, continuous process that is more cyclical than linear as individuals move up and down the parameters of the HIF model. Counselors can assist clients in making this decision through discussions of the implications of many variables that are both external and internal. Clients may be helped by other GLBT persons who have gone through this process. Counselors may also suggest that clients network with GLBT employees in the organizations of interest.

Some suggestions for coming out at work include extensive planning. One must lay the foundation for a positive reception, which includes having an outstanding job performance and building credentials that support and enhance job assignment. Supportive allies also need to be identified. Clients who also recruit heterosexuals as allies will usually have a stronger support base. Clients may also be instructed to test the waters by dropping clues about their sexual orientations, for example, by suggesting they support gay people and their rights. Reactions to such statements provide clues about what one might encounter in coming out (Friskopp & Silverstein, 1995).

Vargo (1998) and Barrett and Logan (2002) suggest that gay men and lesbian women must be prepared for coming out at work by being fully aware of the reasons why one should take this step. Relevant questions include what the client’s short-term and long-term goals for coming out are and how these goals can be reached. For instance, should one come out to only a few selected workers and gradually inform other key persons? Will coming out enhance the chances of advancement or detract from it? Clients should be encouraged to anticipate problems that might emerge and how these problems can be solved.

There appears to be strong supporting evidence from professional gay men and lesbian women that the benefits of coming out at work are far greater than are those of remaining in the closet (Brammer, 2004; Friskopp & Silverstein, 1995; Vargo, 1998; Winfeld & Spielman, 1995). Some problems reported that arise from remaining in the closet are fear of exposure, problems in socializing, lower self-esteem, and vulnerability to harassment such as blackmail. In addition, gay men and lesbian women resented having to censor thoughts, even words, and, of course, actions that might reveal one’s sexual orientation. Professional gay men and lesbian women who experienced coming out strongly suggested that being in the closet is a very painful and disturbing experience. For instance, Ike felt relieved that he could now be honest and “above board” with his fellow workers. Ann was tired of a double life and felt much better about herself and her relationships at work after coming out. The major personal benefits
derived from coming out appear to be self-acceptance and self-actualization (Barrett & Logan, 2002; Friskopp & Silverstein, 1995; Signorile, 1993; Slattery, 2004). However, each individual should be encouraged to thoroughly evaluate his or her work environment for the consequences of coming out as well as for his or her ability to manage pressure and discrimination that could result from coming out.

Coming out at lower level jobs or nonprofessional work might be more risky, especially in highly conservative environments. Clients should be encouraged to evaluate each work environment for its openness shown by other gay employees and the advantages and disadvantages of announcing one’s sexual orientation in that environment. It appears there is a growing trend for more sexual minorities to come out at work, primarily because of formal policies that protect them from discrimination (Slattery, 2004; Vargo, 1998). Being closeted at work or coming out at work are viable topics for sexual minorities; however, more research is needed with an in-depth analysis of the psychological antecedents and subsequent consequences of this process.

In sum, GLBT persons have specific needs that are to be addressed in the career counseling process. Career counseling can proceed within existing career counseling models for sexual minorities with some adaptations and modifications. Special needs may be included in career counseling models as additional components that are relevant to the stages and steps of existing models. Counselors must also account for individual differences and subsequent needs of individuals within groups. For instance, an ethnic minority lesbian should be viewed as an individual with a triple minority status. All ethnic minority GLBT persons receive an additional minority status that may reflect unique needs of their ethnic minority identification.

Summary

1. GLBT persons have special needs because of their sexual orientation that should be addressed in career counseling.
2. More organizations and companies are supporting gay and lesbian associations and networks.
3. Many regard gay men and lesbian women as another diverse group in the workplace.
4. Individuals with a sexual orientation of GLBT continue to be stereotyped as to the kinds of jobs they should hold; are threatened by violence often resulting from homophobia; form a dislike for themselves through internalized homophobia; and generally receive negative feedback from a society that views heterosexuality as the only viable lifestyle.
5. Discrimination in the workplace can involve threats, lack of promotions, blackmail, ostracism, sexual harassment, exclusion or avoidance, termination, and the “lavender ceiling.”
6. Ethnic minority gay men have a double minority status. A lesbian ethnic minority may have a triple minority status. Ethnic minorities suggest that they are only marginally received in GLBT communities.
7. Adolescents who are GLBT oriented face a complex task of developing a sexual identity. They might be abandoned by friends and rejected by their families. Among major problems are suicide ideation and HIV infection.
8. Sexual orientation is considered an important component of identity development. Identity development may follow a six-stage process that varies by sex and race, sexual orientation, and other developmental factors associated with individual
environments. Some GLBT clients progress through stages at different rates, and
the age when GLBT persons reach the final stage in an identity model varies.

9. Unique issues and needs sexual minorities bring to career counseling can be
resolved in current career models with some adaptations and modifications. Six
stages that can be included within current career counseling models are precoun-
seling preparation, establishing an affirmative trusting relationship, client identity
issues, identifying variables that can limit career choice, tailored assessment, and
job search strategies.

**Supplementary Learning Exercises**

1. Develop an informative program about HIV/AIDS that could be used in schools
   at all levels.
2. Choose three special needs of GLBT clients and develop appropriate intervention
   strategies.
3. Develop a list of topics that could be used with adolescents who are in the process
   of developing a sexual orientation of gay, lesbian, or bisexual.
4. Develop a list of publications that could be used by GLBT clients in conjunction
   with career counseling.
5. Develop a career counseling program that would specifically meet the needs of a
   triple minority status woman.
6. Visit an organization that is GLBT affirmative. Obtain published materials that
   state the organization’s policies. Share this with your class.
7. Interview a gay, lesbian, or transgendered person. Make note of his or her workplace
   experiences.
8. Identify the topics you would use in an intake interview with GLBT persons.
   Specify how you would introduce selected topics.
9. What are some methods you would use to inform the public that you are a GLBT
   affirmative counselor? List some problems you might experience.
10. Debate the following issues as either pro or con:
    a. GLBT persons should have equal rights.
    b. GLBT persons do not choose their sexual orientation.
    c. GLBT persons should be restricted from choosing certain occupations.