INLAND EMPIRE CHAPTER OF CAMFT NEWS

(California Association of Marriage and Family Therapists) March 2006

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MARCH MEETING

TOPIC: Assessing Addictions: How to tell, if your client is an Addict, Using The Motivational Interview Process

PRESENTER Mickey Ask

Dr. Ask is currently a member of the American College of Physicians, a certified member of the American Board of Internal Medicine, MRO certified, the director of the Addiction Medicine Fellowship and Medical Coordinator of the Addiction Treatment Program at Jerry L. Pettis Memorial Veterans Hospital at Loma Linda. He has done extensive work in Addiction Treatment. Research areas have included *The quality assurance study as a means of staff education and behavior change, Prevalence and correlates of Hepatitis C virus Infection in male substance abuse patients, and association between the cannabinoid receptor gene (CNR) and the P300 event-related potential.* Community service includes Operations Council Committee member and University Church Elder. He has made numerous presentations to physicians, nurses, psychologists, social workers, civic groups, church groups, youth groups, pastors, radio, and AA groups.

DATE: Friday March 24, 2006

TIME: 8:30 a.m. – 10:30 a.m.

LOCATION: Loma Linda University
Marriage & Family Therapy Clinic
164 W. Hospitality Lane
San Bernardino, CA

CEUs: 2 CEUs

COST: No charge to chapter members
$10 for non-members for CEUs

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President's Message

We have nominations for Board positions and will be holding the election in March. If the nominations are unopposed, then the positions will be filled and the new Board installed in April. Again, thank you to those who stepped forward to offer their help and support. The I.E. Chapter would not exist without dedicated members.

We are very fortunate to have a return engagement with Ronald Mah, LMFT. He will be presenting a worshop on Assessment and Practice in Couples Therapy on April 23rd. This is a Sunday so mark your calendars now. This is a workshop you do not want to miss!!!

See everyone at the March meeting...

Marj Lucas

"Be the change you want to see in the world."

~ Ghandi ~

COMMITTEE POSITIONS

Membership: Patrick Griffiths

CEU Coordinator: Open

Hospitality: Rachel Ingmire

Networking Lunches/Socials: Wendy Hallum

Newsletter Editor: Maggie Boone

Program Chair: Sheri Rambharose

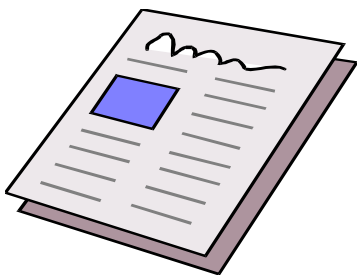
Webmaster: Brian Vance

If you are interested in serving on a committee, please contact Marjorie Lucas, President.

Get involved! It's fun and your input helps the chapter stay strong.

NEWSLETTER ARTICLES

As a reminder, if you have an article you would like to submit to the newsletter, please e-mail it to Maggie Boone, at multiplexor2@hotmail.com by the last day of the month. The newsletter is e-mailed (unless a hard copy has been requested) to all members by the second Friday of every month. The chapter is looking for someone who would like to take over the newsletter. Please contact Marj Lucas if interested.



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IEC-CAMFT Presents:

ONE SIZE DOESN'T FIT ALL

ASSESSMENT & PRACTICE
IN COUPLES THERAPY

Multiple assessments clarify complexities in couples presentation leading to more effective treatments. Anxiety? Depressed? Narcissistic? PTSD? Borderline? Addiction? Co-dependency? Abuse? Passive-Aggressive? Attachment Issues? Communication Styles? Cross-cultural Issues? Trauma? Temperament? Processing Issues? Family of Origin?

And more!

Ronald Mah, M.A.

Licensed Marriage & Family Therapist, MFC 32136

3137 Castro Valley Blvd., #216
Castro Valley, CA 94546
(510) 581-6169 office
(510) 889-6553 fax
E-mail: Ronald@RonaldMah.com
Web: www.RonaldMah.com

Date: **Sunday, April 23rd, 2006**
Time: **9:00 a.m. – 1:00 p.m.**
Location: **Loma Linda Marriage & Family Therapy Clinic**
164 W. Hospitality Ln., San Bernardino
Price: **$10.00 – Members;**
$20.00 – NonMembers
CEUs: **4**

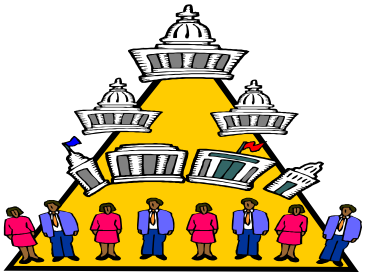
New Member Corner
Rachel Gonzalez
Tobias Desjaroins
John Elder

Membership Information

Membership to the Inland Empire Chapter of CAMFT requires a membership to CAMFT. There are multiple benefits to belonging to both. For more information on membership benefits or how to join, go to www.camft.org

If you have any questions or concerns, please contact Patrick Griffiths or any of the board members for assistance. Phone numbers are on the first page of the newsletter.

Reminder: April is annual dues time! Please fill out the last page of this newsletter and send your check to the address indicated.



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Effective counseling with lesbian, gay, and bisexual clients.
by Thomas V. Palma, Jeanne L. Stanley

Professional organizations mandate that effective counseling be provided to lesbian, gay male, and bisexual male and female (LGB) clients. This article presents the characteristics, challenges, and needs of sexual minorities, along with therapeutic strategies that practitioners may use in facilitating a positive self-image among the lesbians, gay men, and bisexual men and women whom they counsel.

In society, variations in sexual identity are found in every nationality, race/ethnicity, creed, and gender. This prevalence, coupled with the facts that the college years are a key time in the formation of sexual identity and that lesbians, gay men, and bisexual men and women frequently seek the support of counseling professionals (Hancock, 1995), necessitates that college counselors achieve competence in providing services to lesbian, gay male, and bisexual male and female (LGB) clients. Professional codes of conduct for counselors (American Counseling Association, 1996), psychiatrists (American Psychiatric Association, 1998), psychologists (American Psychological Association, 1992), and social workers (National Association of Social Workers, 1999) acknowledge this necessity. Yet many counseling professionals receive inadequate training in this area (Phillips, 2000). In this article, we endeavor to contribute toward meeting our ethical and professional mandates, by informing trainees and professionals of th e characteristics and needs of lesbians, gay men, and bisexual men and women and by demonstrating methods for helping individuals who may acknowledge an LGB identity or who may be questioning their sexual identity. (Reader's Note. We note that transgendered persons have experiences similar to LGB populations but also have social and psychological dimensions unique to their identity. Given these unique qualities and the marked absence of research with transgendered people, we do not examine concerns specific to that population. Rather, we believe that many of the therapeutic strategies outlined may be applied in providing effective counseling to a transgendered client.)

Overview of Issues Faced by LGB Clients Requisite to achieving competency in the care of LGB populations is gaining a relevant knowledge base. Counselors who work with LGB clients need to be informed about appropriate terms and about the experiences and conditions of particular relevance to the lives of LGB clients. For example, although homosexual has traditionally been used to connote an individual whose primary sexual arousal is toward individuals of like gender, contemporary scholars and practitioners discourage use of this term. This avoidance is largely due to the psychopathological connotations ascribed to the word in early editions of the Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association, 1968). A bisexual identity refers to affectional and sexual interest in both men and women. Interest in one gender or another may be manifest serially or simultaneously (Bohan, 1996).

The term sexual orientation is used to describe this behavioral predisposition. Yet, as Bohan (1996) noted, lesbians, gay men, and

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bisexuals also experience an affectional orientation--acknowledging attraction that is not exclusively based on sex. More inclusive of both the sexual and the affectional dimensions of self is the term sexual identity. Even when these terms are defined clearly, debate remains as to how sexual identity is developed.

LGB Identity Formation

There are varied theoretical explanations for the development of sexual identity, each with unique implications for counseling LGB clients. Traditionally, theorists have operated from an assumption that homosexuality is a fixed or stable characteristic (Cass, 1979). This led to developmental models that identify behaviors and cognitive strategies that typically lead to labeling one's self as gay (Cass, 1979, 1996), lesbian (Sophie, 1985), or bisexual (Weinberg, Williams, & Pryor, 1994).

Although of great utility to counselors and academicians, these theories insufficiently reflect the experience of many LGB persons. This theoretical limitation is particularly evident when examining the life patterns of women and persons of color (Diamond, 2000; Greene, 1994). Women acknowledge dramatic shifts in their sexual identity over time (Diamond, 2000), and people of color use markedly different criteria to identify a person as lesbian or gay (Carballo-Dieguez & Dolezal, 1994; Peterson, 1992; Tafoya, 1997). In addition, these models often overlook or diminish the validity of a bisexual identity.

Counter to the essentialist or "fixed" perspective embedded in developmental models, social constructionism argues that the labels ascribed to sexual minorities have differed over time and among diverse peoples (Kitzinger, 1995). By asserting that sociocultural factors inform one's self-identification, constructionists account for marked differences in experience, behavior, and personal characteristics within and between sexual identity categories. This perspective can also explain individual fluidity (changes) in sexual identity over time. Although accounting for variability within LGB communities, this perspective does little to inform individuals or mental health professionals as to the necessary components of a same-gender sexual affectional identity. That is, this perspective provides little structure for counselors working with LGB clients. Furthermore, to embrace social constructionism potentially reinforces the rationale of individuals advocating a pathological view of an LGB identity. If environment solely influences the formation of an LGB identity, it is subsequently reasonable to assume that an individual can be socially reoriented to a heterosexual sexual identity.

Despite these concerns, developmental models now affirm elements of social constructionism. Cass (1996) has more readily acknowledged environmental influences, and McCarn and Fassinger (1996) have explained the varied developmental paths by differentiating personal from social elements of sexual identity. Counselors should, therefore, emphasize the "process" of sexual identity formation, acknowledging that personal and cultural factors reciprocally interact to inform the individual in self-identification as lesbian, gay, or bisexual (Palma, 2000).

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Although there seems no uniform path by which individuals adopt a sexual identity, few deny that prejudicial attitudes and discriminatory practices in society can adversely influence identity development.

Prejudice and Oppression

Prejudicial and discriminatory actions directed at LGB individuals are largely rooted in heterosexism (Herek, 2000), the belief that any nonheterosexual affectional or sexual pattern is deviant, disturbed, or inferior (Bohan, 1996). This belief pattern is manifest in the messages of religious leaders who regard lesbians and gay men as "intrinsically disordered" (Ratzinger, 1986), doctrines within faith communities that regard homosexuality as "sinful" or "evil," and comments by politicians who compare homosexuality with alcoholism and kleptomania (Fram, 1998). These prejudicial beliefs result in the adoption of discriminatory policies. Laws that render specific sexual contact between two men or two women illegal (e.g., sodomy statutes in Tennessee and Kansas) and the selective enforcement of legal statutes against lesbians, gay men, and bisexual men and women (American Civil Liberties Union, 1999) are contemporary examples of such discrimination. More insidious is the failure to adopt laws extending civil rig hts protection for lesbians, gay men, and bisexual men and women. For 5 years (1996-2000) the legislature of the United States tabled discussion or voted down the Employment Non-Discrimination Act (ENDA), which would protect employees from termination on the basis of their sexual identity. Today, except for statutes in 12 states (i.e., California, Connecticut, Hawaii, Maryland, Massachusetts, Minnesota, Nevada, New Hampshire, New Jersey, Rhode Island, Vermont, and Wisconsin), the District of Columbia, and a select number of municipalities (e.g., Austin, TX; Bar Harbor, ME; Boulder, CO; Eugene, OR; Grand Rapids, MI; Kansas City, MO; Philadelphia, PA; Tucson, AZ), it is entirely legal to dismiss employees or to refuse to allow them to rent or purchase property because of their gay or lesbian identity.

Such governmental and organizational values inform and reinforce the attitudinal patterns of individuals. Having been socialized in a heterosexist environment, many people in the general population possess antihomosexual views. Studies find that men regard homosexuality more negatively than do women, and both regard a sexual minority of the same gender more negatively than they do a sexual minority of the opposite gender (Baker & Fishbein, 1998; LaMar & Kite, 1998). This includes students pursuing higher education, research having found that students hold antigay attitudes (Engstrom & Sedlacek, 1997) and acknowledge performing acts that discriminate against lesbians and gay men (Rey & Gibson, 1997). Such attitudinal patterns are frequently linked to discriminatory and violent actions directed at lesbians, gay men, and bisexuals (Herek, 2000).

Given their socialization in heterosexist environments, lesbians, gay men, and bisexuals often possess these same prejudicial attitudes and may believe themselves flawed or sinful. Such beliefs foster a range of emotions from low self-confidence to self-loathing (Gonsiorek, 1993).

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These externally mediated forms of oppression have been associated with emotional and psychological adjustment difficulties (Grossman, & Kerner, 1998; Rotheram-Borus, Hunter, & Rosario, 1994; Waldo, 1999), thereby complicating the establishment of an LGB identity. Consider the example of Barry, a 19-year-old Asian American man who has begun to question his sexual identity. Although acknowledging emotional and erotic interest in another man, he is confronted by the fear of rejection from his family, friends, and community. Having confronted stereotypical accounts of gay life, he anticipates isolation and relational instability to be his future. These assumptions and fears prevent him from acknowledging a gay or bisexual identity.

Barry's story exemplifies the negative effects of systemic heterosexism, which may be even more pronounced for individuals with dual or multiple minority statuses. Faced with oppression as a result of their visible minority membership, they are often highly sensitized to the messages of societal critics. Their fears are compounded by a high rate of LGB intolerance in minority racial and ethnic communities. Greene (1994) and Fukuyama and Ferguson (2000) have suggested that this prejudicial climate leads many people of color to choose between identities. The importance attributed to familial relationships and the inability to disguise one's racial/ethnic heritage often cause precedence to be given to racial identity Such precedence frequently coincides with the decision to "pass" as heterosexual, thereby reducing the potential for loss of familial and cultural supports.'

Adolescents, in general, find themselves marginalized from their immediate families and peers when they acknowledge their sexual and affectional interests. The resulting isolation and lack of support significantly complicate the resolution of typical developmental concerns (Gonsiorek, 1991; Prince, 1995). Such isolation likely explains the greater risk for violence (D'Augelli, Hershenberger, & Pilkington, 1998), abuse of alcohol or drugs (Garofalo, Wolf; Kessel, Palfrey, & DuRant, 1998), and suicide (Remafeldi et al., 1998) attributed to LGB-identified youth. Although the majority of lesbians, gay men, and bisexuals are resilient in the face of oppressive forces, many seek the confidence and support of counseling/psychology professionals.

Professional Perspectives

Research indicates that lesbians, gay men, and bisexual men and women seek counseling and psychological assistance at levels in excess of the general population (Morgan, 1992; Nystrom, 1997). Yet many remain skeptical of the mental health community because of the history of misdiagnosis and pathologizing of homosexuality in its recent past (American Psychological Association, 1991; Fassinger, 1991). Although professional organizations no longer associate same-gender sexual/affectional identity with mental illness, a small contingent of professionals still endorse this pathological view of homosexuality (Socarides, Kaufman, Nicolosi, Santinover, & Fitzgibbons, 1997). These clinicians often advocate sexual reorientation therapies, despite the absence of credible data supporting their efficacy and the recognition that such interventions may prove harmful (American Psychiatric Association, 2000).

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Contemporary research supports the profession's health-oriented perspective on minority sexual identities. In studies comparing lesbians, gay men, and bisexual men and women with heterosexuals, scholars note comparable levels of psychological well-being (Gonsiorek, 1991; Pillard, 1988), similar interpersonal patterns (Haas & Stafford, 1998), similar attachment styles to parents (Ridge & Feeney, 1998), and comparable satisfaction levels in relationships (Kurdek, 1998). Yet some mental health practitioners hold values and beliefs that compromise their ability to care for lesbians, gay men, and bisexual men and women in an unbiased manner. These professionals are ethically obliged to inform LGB clients of their personal values and to provide referrals to practitioners who are more capable of addressing the client's developmental, emotional, or psychological concerns.

Given that maladaptive coping mechanisms (e.g., alcoholism, drug use) and emotional discord (e.g., depression, anger) are evident in minority and majority populations alike, an extensive body of research advocates effective treatments for many psychological concerns. Significantly less is known about treatments and regimens for issues unique to the LGB individual or to any client questioning her or his sexual identity. Thus, the remaining portion of this article devotes attention to personal concerns or difficulties that are unique to sexual/affectional minorities.

Counseling Foci and Strategies With Lesbians, Gay Men, and Bisexual Men and Women

Central to any counseling intervention with LGB clients (or those questioning their sexual identity) is assisting them to establish or reestablish intrapersonal and interpersonal relationships. Marginalized as a function of heterosexism, LGB clients often struggle to understand themselves or their relationship to familial/social supports and to institutional/societal systems. Exploring treatment issues in these three areas offers insight into working effectively with LGB clients.

Images of Self

From birth, every child receives societal, familial, and religious messages that regard heterosexuality as the "correct" sexual identity. This heterosexist notion often causes distress among individuals who question or explore identities beyond the male--female paradigm. Such distress often serves as a catalyst for seeking individual counseling. For example, a 26-year-old woman may seek counseling to address her loneliness and isolation. Having acknowledged her lesbian identity, she recently divorced her husband of 7 years and enrolled in a local university. During therapy, the counselor learned that the client had deliberately distanced herself from family and friends for fear they would not support or understand her sexual identity.

Although it may be related to the presenting problem, clients may or may not directly address their sexual identity during counseling. In many instances, the client's discomfort with her or his emerging identity or concern for the therapist's attitude toward homosexuality may preclude such self-disclosure. In other instances, the client may

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be in a quandary as to the meaning of her or his thoughts, actions, and feelings. Whether or not the client is aware of her or his sexual and affectional orientation, it is important for the counselor to respect the pace at which a client addresses these dimensions of identity.

By affording the client such respect, the therapist can establish substantial rapport. However, this rapport may not provide clients with sufficient comfort to encourage them to disclose closely guarded information or to facilitate personal awareness of their sexual identity. The connection that is necessary for such progress requires the counselor to acknowledge the client's current experiences and presenting issues, while communicating a capacity to affirm the client regardless of her or his sexual identification.

Clients may test the therapist to gain a sense of her or his stance toward homosexuality or bisexuality. Such testing may be demonstrated by direct and indirect questions about LGB identities. A male client may comment on the LGB books in the therapist's office by asking, "Do you counsel a lot of those people?" In another instance, a female client may ask if the therapist has heard of a restaurant, dance club, or magazine that is readily affiliated with the LGB community. Whether negatively or affirmatively tinged, the questions and comments often seek LGB affirmative responses. Consistent affirmation of all variants of sexual identity can powerfully enhance the client's level of comfort and can increase the likelihood that the client will remain in counseling.

Concurrently, the client is mindful of nonverbal cues that can demonstrate the therapist's comfort level and openness to LGB identities. An accommodating posture, nonpressured speech, and a willingness to admit areas of knowledge or ignorance may increase the trust between a client and counselor. Office shelves with books and brochures that are relevant to LGB individuals may also suggest that a counselor is open and nonjudgmental. In schools, stickers and posters are used to indicate that an office is a safe space where students and parents may address LGB issues.

Counselors must likewise be attuned to the nonverbal or covert messages of clients, because such communication may signal permission for the therapist to address a client's sexual identification. Always mindful of the external pressures that demean nonheterosexual identities, the culture-sensitive counselor frames such inquiry in a manner that does not assume the client's sexual identity. Implied in such questions must be acceptance of an LGB identity. To do otherwise is to assume the fallacy of the "null environment" (Beta, 1989). Given the heterosexist mores in most contemporary cultures, LGB clients are sensitive to statements that may be interpreted as consonant with an antihomosexual stance. Therefore, presenting both positive and negative aspects of an emerging LGB identity can reinforce a client's suspicions or fears of a prejudicial/stigmatizing attitude toward same-gender sexual identity (Betz, 1989). For the LGB client or for those questioning their sexual identity, a so-called neutral or objective therapeutic stance will be likely to prove counter-therapeutic.

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As clients gain comfort in acknowledging their sexual identity, mental health professionals must be cautious in their assessment and diagnostic procedures. Gonsiorek (1982) regarded as malpractice either the assumption that the presenting issue was completely unrelated to a client's identity or the conclusion that sexual identity was the exclusive issue. Therapists must acknowledge that the issues presented by the client in session (e.g., employment difficulties, alcohol/drug abuse, depression) are likely to have an influence on the client's view of self or relate to both internal and external sources of oppression for the client. Therefore, it is essential to see the intersection of presenting issues and sexual identity and to work on these issues concurrently in counseling.

Consistent with cautious assessment is the exploration of societal messages regarding homosexuality and bisexuality, particularly during the early stages of therapy. Not only is such discussion timely, but it can also facilitate examination of the client's internal dialogue (Falco, 1991). The therapist can help the client examine messages that he or she learned directly or indirectly from parents, siblings, schoolmates, teachers, coaches, neighbors, and religious leaders. Giving voice in the present to these past and ongoing messages can help counter misinformation. This therapeutic strategy requires an active challenge of many assumptions that are embedded in client self-talk. By challenging these assumptions, clients may begin to understand the sources of their internal dialogue and come to recognize their personal value and merit. Such reeducation is complemented by dialogue about lesbian, gay men, and bisexual men and women with healthy and satisfying lives. An openly LGB therapist can use his or her own life as a positive model. Likewise, the affirming guidance of a heterosexual therapist can help diminish the LGB client's fear of rejection by members of the dominant culture.

As clients learn of notable LGB figures and familiarize themselves with the literature, they frequently encounter new terminology. Coming out is commonly referenced in the LGB literature and community. Although the term might suggest that realizing one's sexual identity is a landmark event, it is more accurately perceived as a journey with no defined beginning or end. The unique sociocultural backgrounds, experiences, and perspectives of every individual ensure that the journey will prove more difficult for some than for others. In the counseling session, clients should be made aware that there is no formula or particular path that one must pursue; rather, each individual must forge his or her own way. It can be expected that the 26-year-old European American woman who was married for 6 years will have experiences that are both similar to, and distinct from, the 19-year-old, single Asian American man who is also in the process of exploring his sexual identity. Therefore, it is unrealistic to expect that both of them will realize their sexual identity through a series of uniform steps or events. The culturally competent therapist will aid each client in finding his or her own developmental path.

These individual specific paths acknowledge historical and social contexts that inform the client's development. Through personal exploration, which includes accommodation of new information into preexisting conceptions of "self," the client learns to understand his or her relationship to other sexual minorities (Esterberg, 1997). In this process, setbacks can be expected in which the client experiences prejudice and discrimination (e.g., dismissal from a leadership role in a scout troop) or encounters situations that trigger renewed doubt or negative self-talk (e.g., loss of an intimate relationship). The counselor can help mollify the detrimental impact of such experiences by helping the client expect or anticipate these intermittent setbacks.

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Although facilitated in individual counseling, the process of exploration and gathering of information must extend beyond the counseling session. Up-to-date reading lists with books and movies that often depict positive LGB images and individuals with various gender, age, cultural, ethnic, class, ability/disability, and religious perspectives are often helpful. Writing in journals, talking to LGB informational hotlines, accessing community support services, attending LGB events, visiting gay-affirmative bookstores, and observing LGB pride parades may also facilitate client exploration.

Relationship to Social Supports

Given that the understanding of self and the affirmation of sexual identity are directly influenced by the environment in which an individual resides, an essential function of counseling with LGB clients is to facilitate relationships with others who can affirm their nonheterosexual identity. Scholarship has supported this perspective, speaking to the development of a group identity that operates in tandem with and supports the sexual identity formation of lesbians, gay men, and bisexual men and women (Fassinger & Miller, 1996; McCarn & Fassinger, 1996). The sense of togetherness, belonging, and group purpose provided by identifying with the larger LGB community can be a source of profound strength and support (Stanley, in press). It is therefore helpful to encourage clients to contact and connect with local and national LGB groups. Such groups, activities, and organizations are numerous, ranging from sports leagues to political organizations. Although these groups and events are often centralized in areas with large populations (e.g., Boston, Seattle, Phoenix, St. Louis, Atlanta), they also exist in smaller cities and towns. The Internet can also provide a sense of connection to LGB communities. The counselor may facilitate this connection by providing the client with a list of reputable Web sites.

Coming out to social supports. Just as the members of a sexual/affectional minority need support in identifying and connecting with other lesbians, gay men, and bisexual men and women, they often seek the support of a counselor in coming out to family, friends, and colleagues. Many LGB clients report that they have grown distant from family and friends over time. This distance, in part, results from interests or behaviors that are inconsistent with the expectations of primary supports (e.g., dating patterns, personal interests). Such behavioral or interest patterns may elicit disapproval or ridicule from others and may lead to disappointment with one's self for not meeting others' expectations. By disclosing her or his sexual identity, the client seeks to explain her or his self and to restore supportive relationships. This is seen in the 18-year-old woman who reports being "teased" for not dating men. Although

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to appease her friends and to avoid the teasing and rumors, she repo rts feeling "relief" on explaining to a close friend that she is indeed a lesbian.

Openness about this aspect of self relieves the tension that accompanies hiding one's sexual/affectional orientation. This hiding requires the individual to constantly monitor the content of personal communication (e.g., referencing the opposite gender to characterize dating partners) and behaviors (e.g., avoiding any prolonged visual attention to same-gendered individuals). Not only does such concealing demand marked physical energy, there are also emotional and psychological consequences (e.g., diminished self-esteem). Clients often experience guilt at misrepresenting themselves to family or close friends. To maintain this deception, they may date individuals with whom they feel little or no sexual attraction. This may require declining sexual advances or engaging in physical contact that may further entangle them in an inauthentic relationship. The stress and discomfort related to such activities can negatively affect their productivity or capacity in other areas of life (e.g., employment/career, community , athletics).

Although benefits are realized merely by coming out, therapeutic discussions about disclosing one's sexual identity can maximize these benefits. This is particularly so if the client is self-disclosing to another individual for the first time or if the individual has had negative experiences in coming out to others. Discussion must center on the realities in the person's current environments and the potential consequences of such disclosure. The client must consider the values and beliefs of family members and friends (e.g., attitudes regarding homosexuality, religious practices) and the reaction of family and friends to previously unexpected situations or events (e.g., an unmarried sister's pregnancy, an uncle's girlfriend of a different race). These considerations can help the client to determine the strategies that are most likely to garner support and affirmation from the people whom he or she informs.

Although families may be capable of accepting the LGB identity of a son, daughter, or sibling, the clien t often does not accurately anticipate their capacity for support. Therefore, the therapist must determine client perceptions and assist in the preparation for coming out. Planning must entail consideration of the best possible circumstances in which to self-disclose to family, friends, or colleagues. Although there may be no "perfect" moment, there are situations and events that afford the client and the people to whom he or she discloses a higher measure of safety from which to explore their respective feelings and thoughts about an LGB identity. Therefore, the male client who discloses during Thanksgiving dinner that he is gay, although efficiently informing every family member, does nor take into consideration the potential shock, guilt, anger, and confusion that the informed individuals may experience.

Another key aspect that is often overlooked by clients is learning to accept a possible time lag between disclosure of one's sexual identity and the affirmation that others may be capable of providing.

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Although the client may need family and friends to immediately accept arid affirm his or her sexual identity, this need is often unmet. Helping clients to see that their own acknowledgement of a nonheterosexual identity took significant time may help them to develop appropriate expectancies for others. Just as the LGB client may have found it difficult to let go of the desire for a traditional family, parents of lesbians, gay men, and bisexual men and women frequently experience periods of mourning, anger, and sadness based upon similar expectations for their children. Access to LGB-affirmative books, counselors, and organizations (e.g., Parents and Friends of Lesbians and Gays, Gay/Straight Alliances in schools) may help reduce this time lag for family members, friends, and colleagues. These resources can assi st all parties in accepting newly constructed relationships.

Despite the most careful planning and persistent support, clients may experience setbacks from time to time. These setbacks may come in the form of family members and friends with "homoamnesia." This phenomenon is seen in the mother who continually asks her gay-identified son when he is going to find a woman and settle down. Equally as common is the Christmas invitation to an openly partnered bisexual woman with no provision for her female spouse of many years. Although a source of immense frustration and pain for clients, this convenient denial that someone is gay, lesbian, or bisexual often results from misinformation regarding homosexuality and bisexuality and the resultant fear for LGB family members or friends (e.g., "He will contract AIDS," "I will never have a grandchild," or "She will never be happy"). At other times, this response is a way for individuals to avoid situations in which they anticipate conflict (e.g., "Your grandparents would never understand," "We have to maintain an upstanding image i n our community," "What will others think?").

Setbacks may also result from a client's internalized fear or homophobia. It is common for past feelings of embarrassment, confusion, or shame to surface unexpectedly and inhibit the client's capacity to accept his or her sexual identity. These circumstances may include being "outed" (i.e., having one's sexual identity disclosed by an outsider) to someone whom the individual had little intention of informing or being in a situation in which he or she inadvertently informs an unsuspecting person of his or her sexual identity. When outed, the client may disavow her or his identity or feel a necessity to defend it. Similar discomfort may be experienced when family members, colleagues, or friends witness the client being affectionate with a same-gendered individual. The effective counselor helps the client to anticipate such setbacks and provides support through these difficult periods. Clients are often reassured when they learn that even well-established "our" persons may periodically deal with negative internalized feelings about such self-disclosures and situations. The development of contingencies for such situations and events is, thereby, therapeutically advisable. It is also important not to promote disclosure as the pinnacle of development, thereby setting the client up for failure. Coming out depends on the life circumstances of each client and may or may not be feasible.

Romantic partners as social supports. Concurrent with the need for

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support from family and friends, LGB clients often seek the support of others through romantic relationships. Whether the client is experiencing difficulties in establishing intimate relationships or in maintaining such relationships, the mental health professional may be called on to lend assistance. A good starting point in therapy is to explore the client's perception of her or his sexual identity, level of affiliation with the larger LGB community, and degree of disclosure to family and friends. Such knowledge may reveal clients' readiness for a committed relationship or their capacity to deal with issues of intimacy. For example, clients may seek counseling because one partner is less "open" about her or his identity, thereby wanting to keep the relationship a secret. Although the difficulties and issues experienced by lesbians, gay men, and bisexuals in relationships are largely responsive to traditional therapeutic techniques and methods, the counselor must also consider the unique facets and environmental pressures that influence LGB relationships. Unique to counseling LGB individuals and couples are the differences in role definition and hierarchical structures that have been the norm in heterosexual relationships. Clients and therapists, given the socialization patterns in which they were raised, may find themselves conceptualizing or structuring LGB relationships within a heterosexual framework; this strategy is likely to prove counter-therapeutic or detrimental. More useful is a candid discussion of the needs and wants of each member in the relationship, along with the potential benefits of an LGB relationship. Among these benefits is freedom from traditionally prescribed gender roles, which allows for a more egalitarian relationship.

Beyond these benefits, the LGB client and her or his therapist must take into account the institutional and legal restraints that are present in society. Most LGB couples are denied any form of legal affiliation (i.e., marriage) or the recognition or acknowledgement of their commitment toward one another (i.e., holy unions). In addition, sexual contact in their relationships is deemed illegal in many states and municipalities (i.e., sodomy laws). The counselor or therapist must be aware of and sensitive to heterosexist policies and must help the individual or couple navigate social support systems that can facilitate and affirm their relationship and the affection/love they feel for each other.

Relationship to Institutional and Societal Support Systems

Consistent with the work of Bronfenbrenner, lesbians, gay men, and bisexual men and women are influenced by societal ideologies and structures. Beyond nonrecognition of same-gender relationships, governmental, business, and religious institutions have established policies that negatively affect the lives of lesbians, gay men, and bisexual men and women. Federal and state legislation largely denies lesbians, gay men, and bisexual men and women civil rights protection in employment, housing, and shared adoptions. Moreover, attempts to pass hate crime legislation that would heighten penalties for criminal acts based on race, gender, or sexual orientation have been consistently rejected in the United States Congress. Even in colleges and universities, opportunities to form gay/straight alliances or LGB support groups have been denied to students. Promoting dialogue or sponsoring speakers on issues pertinent to lesbians, gay men, and

Continued on next column

bisexual men and women may also be banned. These legislative and regulator y acts sanction intense negative reactions toward LGB individuals (Garnets & Kimmel, 1991). In many cases, these heterosexist policies are based on the beliefs and mores of religious leaders and communities that consider homosexuality and bisexuality to be "immoral." Given that schools and churches are highly accessible to individuals and have informed the values and beliefs of LGB individuals and heterosexuals alike, they can be instrumental in shaping more inclusive and affirming environments for lesbians, gay men, and bisexual men and women. Furthermore, these institutions are poised to help, having been at the forefront of social change and civil rights for visible racial and ethnic groups. Despite the current prohibitions within many religious organizations, lesbians, gay men, and bisexual men and women are socialized by and continue to participate in mainstream and fundamentalist religious communities. Counselors may be able to assist clients with difficulties related to their religious beliefs and practices. They may also help the estranged client to reestablish relationships with educational and religious organization and also advocate for LGB clients within more traditional societal structures. traditional curricula and a greater emphasis on "service learning" can foster more inclusive and affirming environments. Counselors must also seek to establish educational policies that protect LGB students and must work to modify school curricula, media, and library holdings to represent all sexual identities. This may also require the initiation and provision of LGB-affirmative in-service training and workshops for faculty and staff.

Religious/spiritual systems. The overt denouncement of homosexuality and homosexuals as an "abomination" by an overwhelming majority of churches and synagogues has led many lesbians, gay men, and bisexual men and women to distance themselves from religious communities. Without regard for their current or past levels of religious affiliation, clients readily internalize these negative characterizations of minority sexual identities. Such internalization may result in the rejection of morally prescribed behaviors (e.g., monogamy, safer sexual contact); self-medication of their depression, anger, self-loathing (e.g. alcohol/drug abuse); or suicidal ideation/completion. Ironically, LGB individuals who face oppression from religious, public, and private institutions are in great need of the self-affirmation and community connection typically offered by religion. Although counseling is frequently regarded as a secular enterprise, clients may benefit from the inclusion of religion/spirituality in therapy. Effective counselors must respect the client's willingness to address religion/spirituality in session and must help them discern ways their own faith, religion, or spirituality can support a nonheterosexual identity. The counselor may encourage his or her client to explore both personal convictions and the opportunities afforded by communities of faith. In almost every religious background, LGB-affiliated groups (e.g., Integrity, Dignity, Affirmations) exist, as do some faith traditions that do not promote heterosexist doctrine (e.g., Quakers, Unitarian Universalists). Finding connections within religious/spiritual communities can serve as an integral source of knowledge and affirmation for the client. These relationships can help the client integrate his or her sexual and religious identities into a more affirming sense of self.

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Licensed MFT wanted for CAP-IT (Child Abuse Prevention-Intervention Team) program at Family Service Agency of San Bernadino. Part-time with flexible hours. Fax Resume to 909-881-5458, Attention Marilyn.

Claremont Unified School District seeks MFT intern/trainees to provide therapy to students during the school year, Sept. - June. Flexible days/times. Please contact Dr. Caporale (909) 753-2788.

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Catholic Charities San Bernardino/Riverside is seeking a Director of Clinical Services for the Department of Caritas Counseling Services. Caritas Counseling is a well-established family counseling agency with its main office in Colton, CA and 12 satellite offices. Applicants must be a LMFT or LCSW with at least two years of supervisory experience. Applicants must have outstanding clinical skills and theoretical knowledge to oversee the clinical services of over 50 part-time therapists. Applicants must be highly organized with excellent interpersonal and oral/written communication skills. The position includes mentoring, supervising, and training both pre-licensed and licensed therapists, as well as program development and implementation. Caritas Counseling Services offers a warm and friendly environment and a competitive salary. Please submit a resume and salary requirements to: FAX: (909) 370-4679 or e-mail to: slowder@ccsbriv.org.

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