Defining Competencies in Working with LBGT Populations*

1. To be best equipped to therapeutically address the unique and changing contextual conditions experienced by LGBT people, psychologists need to be aware of the historical context and remain informed about these sociocultural changes, both positive and negative. Training programs should therefore develop a plan for apprising trainees of environmental changes (e.g. legal, educational, societal) and their impact on the healthy functioning of LGBT individuals and communities.

2. Cultural competence with sexual and gender minority groups involves the following: (a) awareness of one’s own beliefs, biases, and attitudes regarding LGBT populations; (b) knowledge and understanding of LGBT populations including expectations for the counseling relationship and how one’s own sexual orientation and gender identity come into play; and (c) skills and tools to provide culturally sensitive interventions for LGBT populations.

3. Training programs should increase LGBT-specific knowledge of theories of identity formation, minority stress and the current state of the literature (which changes at a rapid pace) about LGBT-specific concerns and health disparities.

4. At both training and independent practice levels, the awareness and application of LGBT-specific culturally sensitive language across all forms of communication (e.g., call screening, forms used, assessment) should become standard practice.

5. Clinicians should expand the discussion of confidentiality and documentation issues during their initial contacts with LGBT clients as they may have greater concern about being permanently labeled as LGBT within medical records and thus potentially “outed” to medical providers and to others.

6. Clinicians should be familiar with the societal context (e.g. legal, religious, regional subcultural differences) and explore family/personal context to inform case conceptualization (e.g., internal and/or external sexual prejudice) when working with LGBT clients.

7. Clinicians should attempt to understand whether a presenting problem is LGBT-specific or when it is another individual difference factor in understanding a case and formulating a treatment plan, but not central to treatment.

8. Across training levels and throughout practice settings, psychologists should include appropriate assessments(s) of sexual orientation and gender identity that may better facilitate alliance and possibly improve response to treatment in their work with LGBT clients.

9. Sexual orientation and gender identity should be included as an element of diversity equal to current “protected classes” in the United States in all hiring, retention, and promotion decisions in order to recruit, retain, and develop LGBT faculty, or faculty with LGBT research agendas.

10. LGBT competence standards will improve when trainees have at the minimum one LGBT-focused academic class and clinical practicum experience. Therefore, in addition to some curricular enhancements that we identify in the next section based on training level, our recommendations is that
Trainees at all levels should have relevant and sufficient clinical experiences in working with sexual and gender minority individuals, couples, and/or families.

**Doctoral Program Related**

11. Graduate coursework shall include at least one section within most core courses on LGBT diversity issues. This could be in the form of a three-hour seminar within each course (i.e., three hours over the length of the semester or quarter), and include directed readings, examination questions, and/or presentations on topics relevant to LGBT populations. For example, research methods courses may address recruitment, data collection, and confidentiality concerns for studies about sexual and gender minority populations or that include significant samples where sexual and gender minority individuals were studied in addition to heterosexuals. Assessment and intervention courses might discuss and model evidence-based intervention approaches and their application with LGBT populations (e.g. Martell, et al., 2004; Safren & Rogers, 2001).

12. Practicum experiences should include not only direct recruitment and welcoming of sexual and gender minority populations via advertising and other methods in order to provide a richer clinical experience at the doctoral level, but also to provide supervision experiences that reflect and model “real-life” adaptation of skills with LGBT individuals.

13. Doctoral trainees should have at minimum one supervised client who identifies as LGBT and at least twelve sessions with that client (or have additional LGBT clients if that therapeutic relationship ends earlier). These clinical cases shall be supervised by a qualified supervisor.

14. Doctoral clinical psychology training programs should strive to develop a process to evaluate LGBT cultural competence among trainees before advancing to internship. For example, a program may choose to use the qualifying examination as a mechanism to evaluate LGBT cultural competence before trainees move into doctoral candidacy and thus be eligible to apply for internship. Evaluation of competencies might also be accomplished through direct assessment.

15. Efforts should be made within the clinical faculty to include literature that reflects psychological phenomena within LGBT minority populations that are considered as legitimate standards, rather than being presented as an “other” category. To clarify, this means that readings assigned should not assume the “default client” is a Euro-American heterosexual.

**Internship Related**

16. To evaluate LGBT-specific competence, internship programs may choose to utilize the Association of Psychology Postdoctoral and Internship Center (APPIC) Application for Psychology Internships (AAPI) diversity essay to evaluate prospective interns on their previous experiences with LGBT competency.

17. During internship, required didactic trainings should include direct instruction of at least two hours, by an expert that improves cultural competence in working with LGNBT clients; and instruction on the development of gender identity together with unique treatment concern of transgender individuals.
18. To have cultural competence in working with LGBT clients, we recommend that at minimum, an intern has at least one experience working with a member of the LGBT population together with supervision by a qualified supervisor.

19. Internship trainees should be provided with guidance on how to acquire additional specialty training to increase competency toward the level of an expert in working with LGBT clients. Programmatic efforts should be improved to provide guidance to interns on the transition to postdoctoral fellowships, for example, VA fellowships, specializing in LGBT health care or other additional training opportunities related to health disparities.

20. Faculty at internship programs should be provided with training and resources to provide appropriate supervision of LGBT cases.

Postdoctoral Related

21. As expertise is developed for fellows or early career psychologists, dissemination activities not limited to the following are expected for LGBT-specific competence; manuscript preparation and publication, book chapters, conference presentations, training of other health professionals, invited talks, grant writing activities and clinical case demonstrations.

22. Advanced competency should require either reviewing articles related to LGBT health, and/or reading journals to stay abreast of the most current scholarly work. Many journals are appropriate for this learning activity including but not limited to the Psychology of Sexual Orientation and Gender Diversity and LGBT Health.

23. Items should be vetted, tested, and added to the Examination for Professional Practice in Psychology (EPPP); Association of State and Provincial Psychology Boards, 2011). Additional items on the EPPP will be a measure of competency overall, and to practice with LGBT people.

24. To maintain licensure, jurisdictions should require continuing education units (i.e., CEUs) with the goal of ensuring professionals stay current with the scholarly literature to maintain LGBT-specific competencies.

25. At least one CEU should be dedicated to issues of cultural competence with sexual and gender minorities.

Professional Context Related

26. The Commission on Accreditation (CoA) should vote to remove footnote 4 from its guidelines and principles of accreditation. This will align with the APA stance on sexual orientation and, gender identity (SOGI) but more importantly use scientific evidence to guide training for all programs.

27. Training programs and psychologists already in the field should be cautious about pathologizing transgender individuals in the interim. Working collaboratively with transgender clients will allow for
the use of a diagnostic category, if required, with the caveat that psychologists should help to support a reduction in stigmatization that comes with this group of psychiatric diagnoses.

28. Additional accreditation systems that emerge should strive to incorporate these and other evidence-based LGBT competencies into their accreditation guidelines for the promotion of mental health among LGBT individuals, their relationships and families.

*Competencies taken from:
