RAINBOW TEENS

Clinical & Ethical Considerations When Counseling LGBTQ+ Teens

Presented by David Flack, MA, LMHC, SUDP
Phone: (206) 327-4478 • Email: david@davidflack.com • Web: www.davidflack.com

VOCABULARY 101

Sexual orientation

Affectional orientation

Cisgender

A.F.A.B.

A.M.A.B.

Bisexual

Heteronormative

Transgender

Intersex

Pansexual

Queer

Non-binary

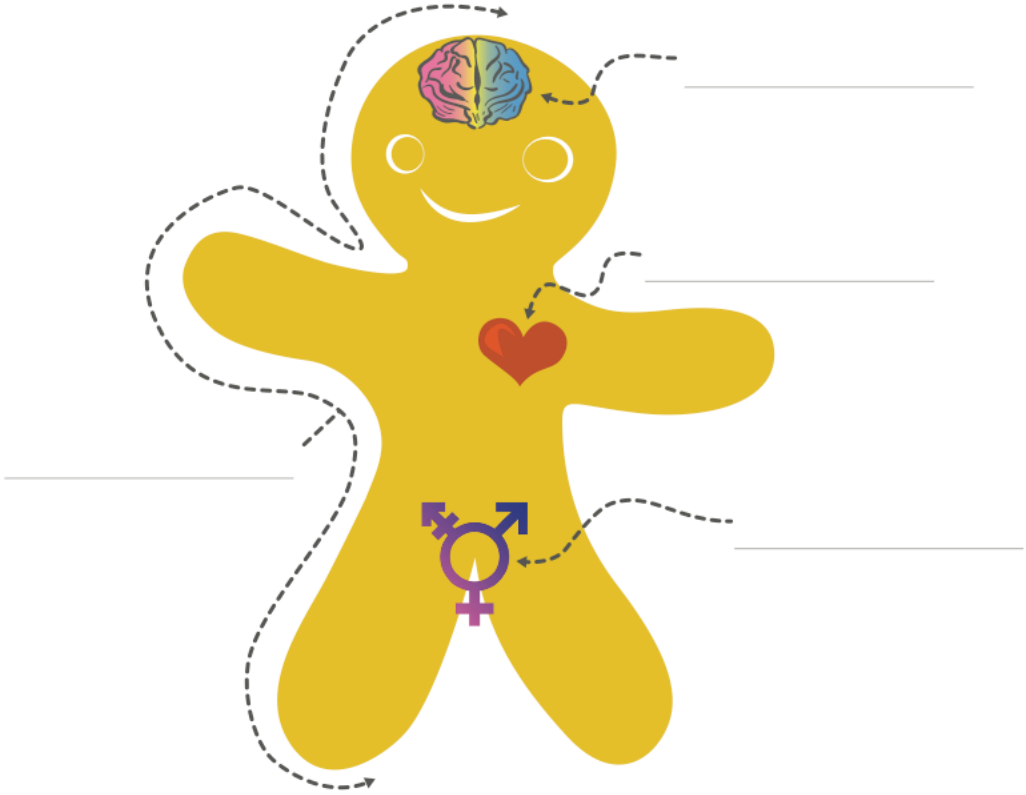
Two-spirit

Ally

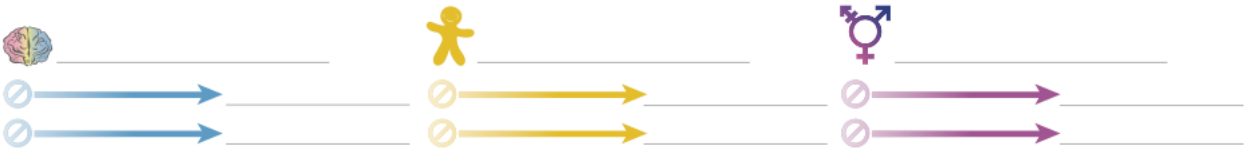
Gender expression

Asexual

The Genderbread Person v4



⊘ means a lack of what's on the right side



For a bigger bite, read more at www.genderbread.org

CASE STUDY: KAMAL

Kamal is a 16-year-old African-American male with a diagnosis of Major Depressive Disorder, Attention Deficit Hyperactivity Disorder (combined type), and Oppositional Defiant Disorder. He lives in an upper middle-class suburb of Seattle with his mother, father, and two younger siblings. The family is active in a traditionally Black church. In an early session, Kamal reported, "I don't believe all that religion stuff, but my parents sure do."

According to his parents, Kamal has a long pattern of school-related problems, such as not completing homework and skipping "boring classes." His parents also reported a history of "sneaky behavior" and "breaking the house rules."

You've been meeting with Kamal for about five months and currently see him weekly for individual sessions. He lives within walking distance of your office and is responsible for getting himself to appointments. Although appropriately engaged, he has never been especially open or active during sessions.

Early on, Kamal missed three consecutive appointments. At the time this was the topic of a rather emotional family session where his parents stated if he missed any further appointments they would send him to a "Christian boarding school." After this, his attendance improved significantly. However, he's now missed another appointment.

When you called Kamal on his personal cell phone, he promised to appear for a rescheduled session later that week. He attended as promised, but during it said, "I don't want you to tell my parents about those missed appointments. I know they'll be pissed at me. If you don't tell them, I absolutely will not miss anything ever again!"

In the course of this session, Kamal disclosed for the first time that he was gay. He stated there is "no way" his parents would be accepting of this. Based on comments they've previously made, you believe this is likely correct. Kamal also reported he skipped the recent sessions to "hook up with an older guy" and that they've smoked marijuana together "a few times." When you asked him to clarify, he said he was unwilling to give you "any more details that might get me in trouble."

What ethical or legal concerns do you have about this case?

In what ways might minority stress and intersectionality be impacting Kamal?

How would you proceed with this case?

SELF-REFLECTION

Take a few moments to answer these questions on your own. Then, discuss your answers in your small group. However, please only share what you feel comfortable disclosing.

In what ways are you *privileged*?

In what ways are you *marginalized*?

How does your personal experiences of privilege and marginalization impact your work with LGBTQ+ teens?

SPECIALIST OR NOT

Nicole has been working in the child and family program of a community mental health agency since completing her master's degree almost three years. During that time, she's met with children, adolescents, and families presenting with a wide variety of concerns. Her continuing education courses have been mostly general in nature, many of them provided by the agency. Recently, she's decided to venture into private practice. Her website includes a list of specialties including "LGBTQ+ Friendly."

What – if any – ethical concerns do you have regarding this?

In your opinion, what does it take to be a specialist?

When asked, Nicole states she included *LGBT-friendly* as a specialty because "I'm open to all clients," but acknowledged she has no special training or any significant experience with LGBTQ+ individuals. If you were her supervisor, what feedback would you provide?

CASE STUDY: KAMAL REVISITED

It's been six weeks since Kamal's session from earlier. During that time, he's attended every scheduled appointment and been well engaged. He's also provided more details about the "older guy," stating he's 20 years old and acknowledging they've "had some sex" a few times. He's also reported marijuana use once or twice per week, stating "I don't think that's a big deal."

Kamal continues to insist on limited disclosure to his parents – allowing only matters related to attendance, billing, and treatment planning. He did, however, agree to a family session—which was held last week and included Kamal, his mother, and his father.

During the session, Kamal came out to his parents, which you weren't expecting. Rodney, his father, became visibly upset and then stated, "I don't believe that. You're just trying to hurt your mother and me. I don't know why you're even saying that." He then walked out. Danielle, his mother, was generally quiet, but did try to calm Rodney a few times.

After Rodney left, she stated, "I don't know if I'm okay with this, but you're my son and that's most important to me." She also stated, "I'm worried about you being okay and healthy. That's really all your father or I want." She then left "to go see if your father is okay."

• • • • • • • • • • • • •

Developed by Prochaska, Norcross, & DiClemente, the Stages of Change is an evidence-based transtheoretical model that identifies five steps in the process of change. Below are brief descriptions of the stages and a few stage-specific interventions for each:

- ***Pre-contemplation.*** The person doesn't believe they have problems related to the target behavior, so sees no reason to make changes. To help individuals in this stage, focus on relationship building with the participant, validate their lack of desire to change, and provide objective information.

- ***Contemplation.*** The person is considering the possibility that a problem exists, but hasn't decided if change is necessary. To help individuals in this stage, explore the pros and cons of continuing to use, gently identify contradictions, and provide opportunities to imagine or experience alternatives.

- ***Preparation.*** The person has identified a problem related to the target behavior and is deciding what to do next. To help individuals in this stage, we can encourage small initial steps or experiments, continue to explore and solidify motivation for change, and help eliminate obstacles to change.

- ***Action.*** The person has decided to change the target behavior, has developed a plan, and is now putting that plan into action. To help individuals in this stage, explore ways to implement change, provide support, foster self-efficacy, and remain solution focused.

- ***Maintenance.*** When the new behavior has become habit, the person has entered this stage. I propose that six months of sobriety is a good milestone for this. To help individuals in this stage, we can provide ongoing support, continue exploring real or perceived obstacles, and build resiliency.

IN YOUR GROUP, PLEASE DISCUSS THE QUESTIONS ON THE NEXT PAGE

Where in the Stages of Change would you place Danielle? Why?

What interventions do you think would be effective with her?

Where in the Stages of Change would you place Rodney? Why?

What interventions do you think would be effective with him?

What obstacles would exist for you in meeting Kamal's parent where they're at?

What other concerns do you have about this case? How would you address these concerns?