

**Standards of Care in Assessment of Lesbian, Gay, Bisexual, Transgender, Gender
Expansive, and Queer/Questioning (LGBTGEQ+) Persons**

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PREAMBLE

The Standards of Care for Assessment and Research with lesbian, gay, bisexual, transgender, gender expansive, and queer/questioning (LGBTGEQ+) Persons were born out of a collaboration between the Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC) and the Association for Assessment and Research in Counseling (AARC). The Task Force that created these two documents had equal representation from both groups with the joint goal of informing more culturally responsive and appropriate assessment and research within the LGBTGEQ+ communities.

The initial conversations of the group focused on language, and how it would be used across the two different documents. Early decisions included an orientation around “standards” versus “best practices,” as there appeared to be a shared goal across task force members that these documents would not serve as aspirational documents (e.g., best practices) but should reflect established standards that all counselors who wish to work with or research LGBTGEQ+ clients must follow. A second point of focus was how to orient the standards to the communities in question. The task force struggled with how to best identify, through language, the communities that would be in focus throughout the two different documents. Intentional decisions were made to utilize two distinct ways to identify these communities—first through broad language use within the actual document, as well as introducing acronyms in more current scholarship related to these communities. As such, in many places throughout the document readers will see a switch between the phrasing of “affectional orientation and gender diverse” clients, as well as specific identifiers (e.g., LGBTGEQ+) to help potentially distinguish clients of interest and ensure that a broad understanding of affectional orientation and gender identity is understood by those who utilize these standards. The group decided, out of recognition that language and identifiers do change over time and frequently evolve within these communities, to provide readers with initial insights for whom these standards might well apply. It should also be noted that the authors made an intentional decision to utilize the phrasing of affectional orientation, as opposed to sexual orientation, for two distinct reasons. The first is the recognition that this form of identity is not merely sexual, or behavioral, but instead recognizes the cultural, historic, social, relational, and intimate components of this identity (for example, see Goodrich & Luke, 2015). The second reason for this phrasing is to remain consistent with other competencies written by ALGBTIC utilizing this same phrasing (ALGBTIC LGBQQIA Competencies Taskforce, 2013). Finally, we settled on the term “gender expansive” to recognize the increasing awareness of the different recognized categories of gender identities and variations. Gender expansive an umbrella term, used by organizations ranging from Gender Spectrum to the Human Rights Campaign, that describes individuals that broaden commonly held definitions of gender, including its expression, associated identities, and/or other perceived gender norms in one or more aspects of their life. Groups of people that may be included within this larger umbrella category may include persons

that identify as genderqueer, gender non-conforming, agender, two spirit, bigender, non-binary, etc.

Readers may also notice an increased focus on gender diverse populations, perhaps more pronounced in these standards than focused around the affectional orientation populations. This was another intentional decision, as the authors found a deficit in focus on the transgender and expansive populations within the literature compared to those populations from diverse affectional orientations. There are also distinct needs potentially faced by gender diverse clients that are not as prominent concerns by those from other identity orientations. As such, particular attention was paid to the issues or concerns potentially being faced by gender diverse clients, to better potentially prepare clinicians for work with these individuals, as this has been a neglected area of attention in most clinical training programs. However, it should be noted that while a number of standards have been written to support clients seeking medical interventions, these medical interventions are not necessarily the goal of treatment for transgender-identified clients. Counselors are called on to have intentional and focused conversations with clients on what their goals for treatment may be, and work to ensure that potential bias is avoided in order to provide the greatest care possible.

THE STANDARDS

Standard I. Counselors understand multiple dimensions of affectional orientation and gender diversity fundamental to lesbian, gay, bisexual, transgender, gender expansive, queer/questioning (LGBTGEQ+) competent and affirmative counseling. Counselors ...

- a. Recognize the distinction between affectional orientation and gender diversity, and how clients identify between and across these two distinct identity dimensions.
- b. Recognize the distinction between self-identification, sexual behavior, and sexual/affectional attraction, and how each of these aspects can impact clients' experiences of their personal affectional orientation.
- c. Recognize the distinction between gender identity, gender expression, biological sex markers, and gender assigned at birth, and how each of these variables can influence clients' experiences of their world.
- d. Concurrently, counselors recognize that the natural variation between gender identity and expression across individuals should not be interpreted as psychopathology or a developmental delay (Burnes et al., 2010).
- e. Recognize that how a person identifies is what is relevant, not what the person's record might state about their gender assigned at birth.
- f. Understand that not all individuals on the gender continuum identify as transgender, experience gender dysphoria, or have a desire to participate in physical, hormonal, or surgical transitions.
- g. Recognize the importance of facilitating/inviting a conversation regarding a client's name and pronouns, as well as use the client's self-identified gender pronouns and chosen name when referring to them, as doing so is important in demonstrating respect and validating a client's identity.

Standard II. Counselors understand the importance of social justice and advocacy for their clients. Counselors ...

- a. Describe and obtain informed consent (or assent for clients under the age of 18) to counseling and assessment services, as well as discuss the limits of confidentiality within the counseling process based on ethical and legal requirements.
- b. Recognize that biases, of the counselor and previous providers, can influence and impact the assessment process of LGBTGEQ+ clients, as well as the historical/social context of the ways these biases can influence assessment. When bias is recognized, counselors are called upon to respond to and remediate that bias to provide a fair and just assessment process for their clients.
- c. Identify challenges that might inhibit assessment or the counseling process (e.g. use of clinical judgment regarding timing of assessment while considering developmental stages, identity formation, or transition process as contextual factors; Burnes et al., 2010).
- d. Openly discuss “gatekeeper” issues (access to certain procedures is only granted via “expert” recommendations) and thereby acknowledge constraints the medical model imposes on gender diverse clients’ lives (Coolhart et al., 2008).
- e. Acknowledge the power they hold in assessment procedures related to gatekeeping of gender affirmation interventions accessible through medical doctors, and examine how to utilize that power to better serve the needs of their clients rather than as an authoritarian influence (Burnes et al., 2010).
- f. Have an awareness of the different policies or regulations set by the state in which they practice for providing recommendations for medical intervention.
- g. Collaboratively discuss the counseling process, potential length, and costs of services during the informed consent process with gender diverse clients to support clients in meeting their needs when considering gender affirmation interventions (Burnes et al., 2010).
- h. Educate themselves on the process of transitioning, including all levels of action toward gender affirmation (e.g. social, hormonal, surgical, and non-surgical physical interventions).
- i. Make themselves aware of accessible resources and services that support client needs including information about support groups, procedures for changing legal name/gender markers, gender-affirming medical and mental health professionals, as well as Internet resources, books, articles and appropriate social media sites.
- j. Recognize that a goal of treatment is to provide a comprehensive psychosocial mental health assessment, regardless of interest in or significance placed on exploring gender affirmation interventions (Burnes et al., 2010). Counselors recognize that not all gender diverse clients seek treatment related to their gender.
- k. Advocate for the use of or creation of assessments with valid and reliable psychometric properties that are appropriate for clients who represent diverse affectional and gender identities.

- l. Acknowledge the lack of instrumentation normed specifically with the LGBTGEQ+ population and its potential impact on interpretation of assessment data.
- m. Acknowledge systematic barriers and consider how these barriers impact the interpretation and use of assessment results (AACE Standards for Multicultural Assessment, 2012; examples of this might include whether instruments acknowledge sexual and gender diversity, if systemic heterosexism/heteronormativity might be present with the norming of the instrument, if gender binary language is used, etc.). Specifically, counselors ensure that they do not utilize assessments with TGNC clients that address LGB clients instead. Counselors are called upon to be proactive in researching instruments and systemic barriers that might impact their clients, as well as acknowledge whether the instrument chosen is appropriate to use as is or can be adjusted to meet the needs of the specific client.
- n. Are mindful about the reasons clients have been referred for evaluation (e.g., if a school requests evaluation of a student for nefarious purposes of avoiding responsibility to accommodate, etc.).
- o. Avoid value-based referral in accordance with current ACA ethical standards.
- p. Do not utilize evaluation and assessment for purposes of sexual orientation change efforts (SOCE).
- q. Are intentional in attempting to identify the rationale for assessment and ensuring results are employed for affirmative purposes.

Standard III. Counselors integrate an understanding of multiple intersecting identities in order to provide culturally appropriate and relevant assessment, diagnostic services, and treatment planning. Counselors ...

- a. Familiarize themselves with the most current edition of the World Professional Association for Transgender Health (WPATH) Standards of Care when working with clients exploring gender affirmation interventions to guide (but not define) treatment for gender diverse persons while also recognizing the impact of multiple minority identities on the experiences of TGNC client's transition process.
- b. Are prepared to explore with clients their family (of origin as well as chosen)/childhood context, current gender identification and expression, sexual/relationship development, current intimate relationship(s), physical and mental health, social and familial support, and future plans/expectations when assessing readiness for gender affirmation interventions (Coolhart et al., 2008).
- c. Understand that the diagnosis of gender dysphoria is only relevant when a client wishes to access medical treatments related to the transition process and is required by insurance. They also explore with client the systemic oppression related to the medical requirement to have the diagnosis to obtain access to the requested treatment.
- d. Demonstrate clinical competence when assessing clients from various cultural (including, but not limited to, racial/ethnic, linguistic, religious, ability,

developmental, socio-economic, region) backgrounds, recognizing the relevance of multiple intersecting identities.

Standard IV. All counselors employ multiple methods when assessing clients (e.g., individuals, couples, families, and groups) from diverse affectional and gender identities and monitor the efficacy of treatment. Counselors ...

- a. Whenever possible, consult with corroborating sources of information while obtaining written consent or assent in gathering information from sources other than the client(s). Counselors acknowledge that some assessment sources can come from unsupportive families or others, and should be either avoided or interpreted accordingly.
- b. Monitor the client(s) progress throughout the counseling process through the use of assessments such as outcome measures.
- c. Provide open channels and opportunities for client feedback throughout the counseling process.
- d. Evaluate records and reports received from other sources, and whether they came from an LGBTGEQ+ affirmative framework or not. In doing so, counselors should evaluate whether prior instruments were the most appropriate assessments used for the client.
- e. Systematically select assessment instruments to evaluate both the process and outcome of counseling that are affirmative and incorporate diversity throughout the assessment process.
- f. Whenever possible, use methods attending to the developmental and holistic functioning of clients.

Standard V. Counselors are skilled and ethical in evaluating the quality and appropriateness of assessment instruments. Counselors...

- a. Identify appropriate and inappropriate uses of commonly used assessment instruments and articulate the limitations of commonly used instruments and diagnostic tools in the counseling field when assessing clients from diverse affectional and gender identities
- b. Recognize that dominant cultural biases exist (e.g. heterosexist, cisgender, white, middle/upper class, able-bodied, etc.) in assessment instruments and utilize procedures that comply with the most current ethical guidelines when assessing LGBTGEQ+ persons.
- c. Explore standardized clinical instruments to ensure that questions are inclusive of LGBTGEQ+ persons and make modifications when necessary.
- d. Support the use of assessments with psychometric properties appropriate for clients from diverse affectional and gender identities while acknowledging the lack of currently available instrumentation and how that impacts our interpretation of assessment results.
- e. Understand the technical aspects of assessments being utilized, including the instrument's reliability, validity, measurement error, scores and norms when assessments are considered and selected.
- f. Understand how to select and utilize modified forms of tests for test takers who may require accommodations.

- g. Provide LGBTGEQ+ affirmative counseling assessment services with individuals, couples, families, and groups regardless of counseling setting.
- h. Recognize the advantages and disadvantages of structured and semi-structured clinical interviews.
- i. Acquire knowledge of qualitative assessment procedures and adapt them for use with clients from diverse affectional and gender identities.
- j. Take reasonable actions to ensure proper use of assessment instruments by those under supervision, and ensure that results are kept confidential and not misused by others (AAACE Standards for Multicultural Assessment, 2012).
- k. Take reasonable actions to ensure that variations of affectional orientation (e.g., bisexual, lesbian, gay, heterosexual, pansexual, queer, questioning, etc.) and gender identities (e.g., non-binary, transgender, gender non-conforming, genderqueer, gender expansive, cisgender, etc.) are standard variables on assessment instruments to provide data that would support instrument norming, treatment planning, and clinical intervention with LGBTGEQ+ persons.
- l. Are prepared, when appropriate, for routine screening for suicide risk, alcohol and drug use, interpersonal violence, as well as advocate for the inclusion of screening for internalized prejudice in all forms, as this may facilitate effective crisis response and encourage the formation of protective factors for clients (Moe et al., 2015)
- m. Act in accordance with the *ACA Code of Ethics (2014)*, *Code of Fair Testing Practice (American Psychological Association, 2004)*, *ALGBTIC Competencies (ALGBTIC LGBQQIA Competencies Taskforce, 2013; Burnes et al., 2010)*, *Standards for Educational and Psychological Testing, Responsibilities of Users of Standardized Tests (American Educational Research Association, American Psychological Association, and the National Council on Measurement in Education, 2014)*, and *Rights and Responsibilities of Test Takers (Joint Committee on Testing Practices, 2000)*.
- n. Maintain test security and administer the test in accordance with the test manual and instructions when appropriately normed tests are available.
- o. Provide appropriate and culturally relevant referrals based upon the results of the assessment. Counselors should be sure to first vet or screen counseling providers before providing referrals to ensure that they practice affirmative counseling with LGBTGEQ+ persons.

Standard VI. Counselors are skilled in interpreting assessment results to clients.

Counselors ...

- a. Accurately score, analyze, and interpret the results of assessment procedures.
- b. Create specific treatment plans based upon assessment results using multiple approaches and obtained from multiple sources.
- c. Interpret results in a holistic manner that emphasizes clients' strengths along with potential problem areas in a manner that communicates both respect and compassion. In doing so, counselors may attend to factors promoting wellness including, but not limited to, resiliency, community support/involvement,

- positive identity development to help contextualize the results, given the clients' identities and experiences with systemic oppression.
- d. Explain the nature and purpose of assessment and use of results in a clear, developmentally appropriate manner to the client or the client's legally authorized representative while providing information about the impact or influence of LGBTGEQ+ identity on assessment results and interpretation.
 - e. Consider other facts present in the client(s)' situation before making any recommendations, when relevant.
 - f. Discuss with the client when assessment results may need to be provided to the client's legally authorized representative, and how that disclosure might influence the counseling process or lived experience for the client.
 - g. Explain to clients the steps required to share test results to persons other than the client (e.g., release of information and informed consent).
 - h. Recognize how the effect of labeling, diagnosis, bias, stigma, oppression, discrimination, and/or violence may impact the interpretation and application of assessment results for LGBTGEQ+ persons.

Standard VII. Counselors continually enhance their professional development in the areas of affectional and gender diversity in counseling, as related to best practices in assessment. Counselors ...

- a. Participate in assessment training, professional development workshops, professional conferences, and other educational experiences that promote continued professional development in serving the needs of diverse affectional and gender identities in counseling assessment.
- b. Remain current in advances in the understanding of affectional orientation, diverse gender identities, and assessment procedures through peer-reviewed articles, books, and other sources.
- c. Remain active in professional associations that provide relevant information in LGBTGEQ+ counseling and assessment.
- d. Receive training in how assessment data can be utilized to develop client action plans that can facilitate systemic changes to benefit marginalized and vulnerable communities (AAACE Standards for Multicultural Assessment, 2012).
- e. Acquire knowledge to effectively collaborate with allies, advocates, policy makers, and the LGBTGEQ+ community to develop assessment practices that empower clients and educate the public and counseling profession about culturally appropriate assessment of LGBTGEQ+ persons.
- f. Utilize supervision and/or consultation as a tool to minimize bias and avoid misusing or abusing the power and privileges embedded in the counseling and assessment process.
- g. Recognize professional development as a lifelong learning process as counseling with LGBTGEQ+ persons is ever evolving, and best practices are frequently changing.

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