An Integrative, Empowerment Model for Helping Lesbian, Gay and Bisexual Youth

Negotiate the Coming-Out Process

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Abstract

Many lesbian, gay, and bisexual (LGB) youth find the coming-out process challenging in a predominantly heterosexual and heterosexist society. The authors introduce a new integrative, empowerment model to help counselors assist their clients navigate this sometimes difficult process. LGB adolescents may be faced with rejection from family, peers, religious leaders and doctrines, and even themselves. If counselors are aware of factors that impede as well as factors that contribute to making coming out a positive and empowering experience, they are better prepared to counsel, warn, and discuss with their clients the liabilities and benefits of coming out to those around them.

Key words: LGB youth, coming out, empowerment, advocacy, adolescents, homophobia, school counselors
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Negotiate the Coming-Out Process

Adolescence has been described as a time of role identity versus role confusion (Erikson, 1959), and a time when beliefs, values, and norms are internalized regarding gender identity (Gilligan, Ward, & Taylor, 1988). Efforts to establish a sense of identity in relation to self, others, and society—characteristic tasks of adolescence—can be especially challenging for lesbian, gay, and bisexual (LGB) youth in a predominantly heterosexual society (Chutter, 2007; Wright & Perry, 2006). Many LGB youth engage in these efforts without the support of family and peers (Hollander, 2000; Morrison & L’Heureux, 2001) often in an openly hostile and unsupportive environment (Rosario, Schrimschaw, Hunter, & Braun, 2006).

Coming out as gay, lesbian, or bisexual is a process usually not accomplished all at once; instead it may span weeks, months, and sometimes even years (Grov, Bimbi, Nanin, & Parsins, 2006; Mosher, 2001). The process includes coming to terms with one’s own sexual orientation, disclosing sexual identity, and associating with other LGB individuals (Grov et al., 2006; Mosher, 2001). The median age LGB adolescents become aware of their same-sex feelings is somewhere between 13 and 15 (Grossman & D’Augelli, 2006; Grov et al., 2006), although many are aware of being different from others long before that (D’Augelli, 2002; Maguen, Floyd, Bakeman, & Armistead, 2002). The majority of LGB individuals come out during their adolescent years (Floyd & Bakeman, 2006; Grov et al., 2006; Maguen et al., 2002).

In the United States, at least 5-10% of the population is gay, lesbian, bisexual, or transgender, indicating that approximately one in five families may include an LGBT person (Dhalheimer & Feigal, 1991; Fontaine & Hammond, 1996; Gates, Ost, & Birch, 2004; Zinmesiter, 2006). Glen and Russel (1986) found that most counselors assumed their clients were heterosexual.
Nearly 20 years later Green (2003) found that most counselors do not want to work with LGB clients. Other researchers determined that graduate programs in counseling and psychology were limited in training counselors to become proficient at working with LGB clients (Pilkington & Canton, 1996; Sherry, Whilde, & Patton, 2005). These findings suggest that for the most part, LGB adolescents are an invisible minority, ignored by the professional community (Espelage & Swearer, 2008; Twist, Murphy, Green, & Palmanteer, 2006). If not ignored, they are often viewed as abnormal, pathological, and dysfunctional (Bernal & Coolhart, 2005). This is especially true when counselors lack LGB training, education, or exposure (Weiner, 2006).

In recent years there has been increased recognition in the profession that counselors working with LGB youth need to be cognizant and informed regarding issues surrounding the coming-out process in sexual identity development (Singh, 2008; Stone, 2003). To do so, counselors need to be aware of their own attitudes and beliefs, acquire knowledge and skills, and become advocates for LGB youth (Cass, 1979; 1984; Kosciw et al., 2006, 2008; Singh, 2008; Stone, 2003). For example, the Council for Accreditation of Counseling and Related Education Programs (CACREP, 2001) noted the importance for counselors to acquire knowledge and skills regarding sexual orientation to effectively work with clients and promote positive interpersonal relationships. The Association for Lesbian, Gay, Bisexual and Transgender Issues in Counseling (ALGBTIC) Competencies for Counseling Gay, Lesbian, Bisexual and Transgender (LGBT) Clients (2008), endorsed by the American Counseling Association, include understanding the issues facing LGB, as well as the complications associated with living in a heterosexually-oriented society, and the need to be affirming and non-stigmatizing towards LGB. As the issues concerning LGB individuals stem from their sexual orientation, and issues concerning transgender individuals stem from their gender, transgender persons will not be addressed in this
article. A counselor’s professional obligation extends beyond understanding and meeting the needs of LGB youth; it includes helping foster and provide an environment that supports the healthy development of self-identity in LGB youth (ALGBTIC, 2008; American School Counselor Association, 2005; King, 2008). Counseling trainees, novice practitioners, and more experienced practitioners who lack LGB training, education, and exposure may aspire to cultural competence in working with LGB adolescents, but be unsure where to begin.

Drawing upon clinical experience and relevant literature, we propose an integrative model, developed by the first author, to assist counselors helping LGB youth negotiate the coming-out process. This model was developed when the first author was working with LGB youth at an LGB outreach facility. It has since been utilized in private practice, in the college counseling setting, and in training experienced and new counselors to work more effectively with LGB youth. The model serves a guide for providing ethical, culturally-competent, empowerment and advocacy-oriented support to LGB youth. The model has also been useful in helping practitioners conceptualize their clients in a multiple-identity framework. It has helped serve as a reference point for counselors when determining interventions and a plan of action with LGB clients. LGB clients receiving services in the university counseling center have also found it helpful when their counselors share the model with them. Clients report the model helps increase their understanding of the complexity of their issues and helps normalize the challenges they may face during the coming out process. Finally, the model provides both counselors and their LGB clients a means for identifying and understanding factors that help contribute to making coming out a positive and potentially empowering experience. These factors include (a) understanding the stages of sexual identity development; (b) helping the client deal with internalized homophobia and self-esteem and self-acceptance issues; (c) working with family,
AN INTEGRATIVE, EMPOWERMENT MODEL

An Integrative, Empowerment Model for Counselors Working with LGB Youth

In helping LGB adolescents through the coming-out process, it is essential that counselors become knowledgeable about factors most influential in making the experience positive, leading to a more positive integration of sexual identity with the adolescent’s overall identity. This integrative model (depicted in Figure 1) illustrates a holistic, systemic process that helps counselors view the whole environment in which the LGB adolescent exists. The model includes (a) the many variables the client brings to counseling (client inputs); (b) the strategies and interventions counselors can employ depending upon client inputs; (c) the actual coming-out process, which may take place over a short or long period of time; which then leads to (d) client outputs.

Understanding the client’s frame of reference—his or her background and environment (client inputs)—provides the basis for implementing strategies and interventions in the counseling sessions. In addition to specific interventions, counselors’ self-awareness is an essential element to providing effective, culturally-competent services. This requires of counselors the willingness and ability to self-examine, to address personal homo-prejudice and heterosexism, obtain LGB-specific training, and maintain an open and supportive attitude toward LGB clients.

Optimal results of the counselor’s continued support through the coming-out process (client outputs) include increased self-esteem and acceptance; decreased negative mental health behaviors such as self-injury, suicidal ideation, and alcohol and drug use; increased peer, family,
and institution support; and a firm foundation for overall sexual identity acceptance and integration. To illustrate application of the model we present the case of Jerry.

The Case of Jerry

Jerry is a 17 year-old Latino, gay male. He quit school at age 16 because he did not like being in class and believed his teachers and other students did not approve of him. He had very few friends in school, was bullied by the popular crowd, and was often the brunt of cruel jokes. Currently, he is working on his General Education Degree (GED) at a youth center in a large urban area in the South, and holds three part-time jobs.

Jerry reported his mother “kicked me out of the house” two weeks ago “because of my temper;” as a result, he has temporarily moved in with a male friend. Jerry is fairly articulate and of average intelligence. He is well-groomed, clean shaven and sports a very short, gelled hair cut. He usually wears dark blue jeans, a t-shirt, a button-down shirt, several gold necklaces, and several rainbow bracelets. He has six noticeable piercings. Jerry stands about six feet two inches tall and weighs around 200 pounds.

Jerry was referred to counseling by two staff at the youth center where he is working on his GED because they were concerned about his sullen demeanor and angry outbursts toward other adolescents at the center. Jerry reported he has been dealing with anxiety since childhood, and described his life as “overshadowed with anger, depression, and misery.” He has goals such as getting his own apartment and car, working a full time job, attaining financial independence, and earning a degree in journalism or music. However anger and depression “get in the way.” He wants to be happy, but as yet, has “not found the secret to happiness.”

Jerry has one brother, age 29. He and his brother lived with their mother since their father left when Jerry was one year old. His brother moved out when Jerry was six and joined the Navy.
Jerry said his mother would describe him as an energetic, friendly, talkative, very social child. In elementary school he had lots of friends and got good grades. However, when he entered middle school Jerry started having trouble with friends and teachers. He began to fight a lot and felt very uncomfortable being around other kids. When he was 12 he hit his mother and was put in Juvenile Detention for a short time. When he came back he was even angrier than before, ran away several times, and was suspended from school.

Jerry described his mother, who has remained single, as hardworking and lovable, and as a very strong Catholic who does not approve of the gay lifestyle. He described his brother as a quiet, hardworking, Navy-man who recently married a woman with a two-year-old son from a previous relationship. Jerry believes his new sister-in-law is “scared” of him; she does not allow him to play with her son. Jerry has not shared with his family that he is gay, but suspects they know.

Jerry realized he was different from other kids around the age of six or seven, but did not realize he was gay until around age 12. He watched lots of television shows, read books, and talked to other people to learn about being gay. Jerry had his first boyfriend at age 15 when he joined a lesbian, gay, bisexual, transgender (LGBT) youth group. He has had several boyfriends since then, meeting each one at the LGBT youth group. He has participated in several gay-pride parades and has sporadically attended bi-weekly meetings at the LGBT youth group center.

Jerry admitted he has used drugs and alcohol in the past but stated he has been clean for two months. He has tried to commit suicide several times and has also tried “cutting” in the past to try to “relieve my internal anger and intense emotions.”
Client Inputs: Factors that Impact the Coming-Out Process

This holistic model describes internal and external factors that impact the coming-out process for adolescents. The literature reveals factors that hinder LGB youth in their development, as well as other factors that support LGB youth who are coming out to become healthy, adaptive, and resilient in a predominantly heterosexual environment.

Internal factors. Four key internal factors essential for counselors to understand are (a) stages of sexual identity formation, (b) internalized feelings of homophobia, (c) self-esteem and self-acceptance issues, and (d) mental health behaviors. These factors, in turn, affect the process of coming out to parents and family, to heterosexual peers and other heterosexual individuals, and to LGB peers.

Stages of sexual identity formation. Several models have been developed over the years to describe the sexual-identity formation and coming-out process of LGB individuals. Some of the most accepted and empirically tested models are those developed by Cass (1979; 1984), Troiden (1988), and Carrion and Lock (1997). Criticism for these models does exist though, as they present sexual identity development as a linear process, instead of a fluid, individual process (e.g., Eliason, 1996).

All three models recognize the process of sexual identity formation is not easy, and that healthy development for LGB individuals includes coming to terms with being sexual minorities in a heterosexual society. This minority status can lead to feelings of shame, guilt, denial, confusion, and bewilderment, which can impede healthy identity development (Bernal & Coolhart, 2005; Carrion & Lock, 1997). However, if successfully navigated, the process of sexual identity formation can lead to healthy functioning within a lesbian, gay, or bisexual frame of reference (Bernal & Coolhart, 2005; Mosher, 2001; Singh, 2008). Regardless of the model
AN INTEGRATIVE, EMPOWERMENT MODEL

used to conceptualize the process, successful integration of the stages leads to healthier living. Failure to come to a successful integration can lead to problems during adulthood (Carrion & Lock, 1997; Elze, 2002). Morrow (2000) suggested that individuals be at least at a level of acceptance of personal sexual identity before they come out to others. This would ensure that adolescents have moved beyond exploration and development of their sexual identity and have established a foundation of positive self-acceptance before disclosing their identity to others.

Applying Cass’s (1984) six-stage model, Jerry is best described as being in the third stage, in which tolerance of internal feelings is mixed with self-hatred. He is in the process of coming to terms with being an LGB minority in a heterosexual society. This realization has possibly led to feelings of shame, guilt, denial, confusion, anger, and bewilderment. He also has some characteristics of stage five, pride in self, in that he does prefer to be with other gays and lesbians, has an “us versus them” perspective, and displays anger and frustration with homophobic and heterosexist attitudes.

**Internalized feelings of homophobia.** Homophobia—negative attitudes, beliefs and stereotypes held towards gays and lesbians (Chutter, 2007; Wright, Adams, & Bernat, 1999)—is prevalent in families, schools, some churches, local and national governments, and professional organizations (Bernal & Coolhart, 2005). Heterosexism—discrimination against the LGB population on the assumption that heterosexuality is the norm—may also be prevalent in these same environments. A heterosexist society tends to reject and malign any type of non-heterosexual behavior (Herek, Cogan, Gillis, & Glunt, 1997). As a result, LGB adolescents might face hostility from individuals who are contemptuous and sometimes violent regarding their sexual orientation (Bernal & Coolhart, 2005; Savin-Williams, 1990; Wright et al., 1999).
LGB adolescents may hesitate to come out to persons around them who may hold these negative attitudes and beliefs.

LGB adolescents could also feel conflicted due to internalized homophobic notions and may consider themselves psychologically maladjusted (Bernal & Coolhart, 2005; Rosario, 2001; Wright & Perry, 2006). Homophobia is internalized when individuals take outward messages and turn them inward onto themselves (Herek et al., 1997). Homophobic reactions from teachers, peers, family members, pastors, and counselors, can be internalized and negatively affect the self-esteem of LGB teens (Rosario, Hunter, Maguen, Gwadz, & Smith, 2001; Wright & Perry, 2006). Individuals with higher rates of internalized homophobia have been found to have higher rates of depressive symptoms, greater psychological distress, and greater feelings of demoralization. Internalized homophobia can increase the challenges of the coming out process for LGB youth (Herek et al., 1997).

Jerry has internalized feelings of homophobia and is currently struggling with accepting himself as gay. His anger is often a result of the shame, guilt, and confusion he feels towards his sexual orientation, consistent with being in the third stage of Cass’s (1984) model.

**Self-esteem and self-acceptance.** Coming out as gay, lesbian, or bisexual can affect LGB adolescents’ self-perceptions, acceptance, and esteem (Bernal & Coolhart, 2005; Cass, 1984; Rosario et al., 2001; Troiden, 1988). As most societies today are predominantly heterosexual, LGB adolescents can experience cognitive dissonance regarding their sexual identity which can lead to stress, discomfort, and negative self-perceptions (Bernal & Coolhart, 2005; Chutter, 2007; Rosario et al., 2001). Because LGB adolescents must deal with a sense of different-ness from their peers, they can experience adolescence as lonely and anxiety-producing; anxiety and isolation can lead to depression, alienation, loneliness, self-hatred and demoralization.
(D’Augelli, 2002). In addition, LGB teens are vulnerable to internalizing negative beliefs from others (Wright & Perry, 2006).

Verbal abuse (e.g., derogatory labeling, name calling, bullying) from peers and physical threats of violence and discrimination from peers and family members may emotionally intensify this coming-out period (D’Augelli, Grossman, & Starks, 2005; Rosario et al, 2001; Saltzburg, 2007). Adolescents reported that coming-out to family represented a major life stressor, second only to fears of loneliness and isolation (Fontaine & Hammond, 1996). The problems of coming out to parents ranged from the fear of being rejected by parents, to physical and verbal abuse, to actually being kicked out of the house (D’Augelli et al., 2005; Heatherington & Lavner, 2008; Rosario et al, 2001; Saltzburg, 2007).

Recently, researchers have begun to find that the coming-out process may not be all negative. In an environment of support and acceptance, LGB individuals are more likely to cope with challenges around them and are more likely to have increased feelings of self-esteem and self-acceptance (Bernal & Coolhart, 2005; Espelage, Aragon, Birkett, & Koenig, 2008; Mosher, 2001; Rosario et al, 2001; Savin-Williams, 2001). Self-esteem is based on a self-evaluative process, and is an underlying need that all humans have to view themselves as likable, honorable, and competent (Aronson, Wilson, & Akert, 1994). Positive self-esteem may lead LGB youth to associate in more LGB activities, thereby increasing self-esteem and lowering anxiety regarding sexual identity (Bernal & Coolhart, 2005; Rosario et al, 2001).

Jerry has very low self-esteem, which is correlated with his internalized feelings of homophobia. He believes he does not fit in at church, school, or family, and sees himself as an outsider to everyone around him, with the possible exception of his peers at the LGBT youth
center. Because others have not accepted Jerry in the past, he has been unable to accept himself. Jerry has an external versus an internal locus of control.

**Mental health behaviors.** LGB adolescents who choose to conceal their sexual orientation are more likely to experience social withdrawal, depression, and greater absences from school (D’Augelli, 2002; Frost & Bastone, 2008). Although it might be easier to come out today than in earlier generations (Bernal & Coolhart, 2005), LGB adolescents who do come out are still faced with homophobic and heterosexist attitudes, uninformed counselors, and non-accepting families and peers (Chutter, 2007; Wright & Perry, 2006), which can lead to lowered self-esteem, identity confusion, anxiety and depression, along with suicidal ideation and behavior (ALGBTIC Competencies, 2008; Maguen et al., 2002; Rosario et al., 2001).

Rejection from peers and families along with a lack of socially supportive resources can exacerbate these feelings, leading to suicidal ideation, acting out behaviors, running away, drug and alcohol abuse, cutting behaviors, and prostitution (Espelage et al., 2008; Rivers & Noret, 2008). Some adolescents try to overcompensate for their lesbian, gay, or bisexual feelings and sexual identity confusion which may lead to overachievement, perfectionism, or over-involvement in school or athletic activities to help with their uncertainty about their sexual identity (Maguen et al., 2002).

Jerry has admitted to prior cutting, drug and alcohol use, and two suicide attempts in the past. According to Jerry, these behaviors are a result of his sexual orientation and trying to fit in with his family, church, school, and society. Jerry does read, meditate, listen to music, and keep a journal, all positive mental behaviors that may help him through this process.

**External factors.** LGB youth usually come out to three different groups: family and parents, heterosexual peers, and LGB counterparts. Coming out to each group carries different
consequences and effects for the life of the adolescent. External factors and internal factors are not distinctly separate, nor are they mutually exclusive. Instead, they can interact, affecting one another. For example, self-esteem may affect how an individual relates to family members, which may in turn affect how family members treat him or her. Religious messages may impact an individual’s feelings of internalized homophobia, which may in turn decrease self-esteem. Level of self-esteem may play a part in how an individual decides to deal with family members who may be supporting the religious messages.

**Family environment: Coming out to parents and family members.** One of the most difficult decisions LGB teenagers have to make, after identifying as LGB, is whether or when to come out to family (D’Augelli et al., 2005; Heatherington & Lavner, 2008). Fearing rejection from their parents, LGB youth may learn to hide their sexual orientation, which can lead to negative self-identity due to fear of being found out, insecurity, demoralization, and withdrawal from others (Ben-Ari, 1995; D’Augelli, 2002; Maguen et al., 2002). Parents’ negative reactions to their adolescent’s sexual orientation may include shock, shame, rejection, guilt, denial, and anger (Heatherington & Lavner, 2008), often based on stereotypes; in some cases reactions might extend to physical assault. With understanding and support by counselors and others around them, family members may overcome their initial shock and denial and experience increased feelings of acceptance and tolerance (D’Augelli et al., 2005; Mosher, 2001).

Some LGB youth may come out to parents strictly because they are afraid their family will find out through other means (Ben-Ari, 1995). Others may never come out to family members due to fear of repercussions (D’Augelli, 2002; D’Augelli et al., 2005; Heatherington & Lavner, 2008). Savin-Williams (1990) and Maguen et al., (2002) found that over time, youths who disclosed their sexual orientation to family members felt a higher level of self-esteem than
those who did not. LGB adolescents who experienced positive support from their parents had fewer negative psychological outcomes and fewer mental health symptoms, (e.g., less depression, fewer suicidal feelings), and less alcohol and marijuana use (Espelage et al., 2008). Coming-out to parents and having comfortable relationships with their parents helped LGB youth feel more comfortable with and accepting of their own sexual identity (D’Augelli, 2002).

Jerry’s mother, brother, and sister-in-law are all devout Catholics who have professed beliefs that individuals who choose not to be heterosexual will go to hell. Jerry is quite close to his mother, fears hurting her, and believes he will “break her heart” if he comes out to her. He also fears his brother and sister-in-law will disown him if he comes out to them. This terrifies Jerry as he does not want to lose contact with his family, including his two-year old nephew.

School/peer environment: Coming out to peers/heterosexual individuals. Voluntary disclosure of their sexual orientation can lead to increased openness and self-confidence among LGB youth, whereas involuntary disclosure, or people guessing their sexual orientation, can lead to little or no social support. LGB adolescents may live a life at school or at church both in and out of the closet, depending on who they are with and how they perceive others’ acceptance of them (Mosher, 2001).

Researchers have found a strong correlation among bullying, sexual orientation, and homophobic attitudes of heterosexual peers towards LGB adolescents (Espelage et al., 2008; Poteat & Espelage, 2005; Poteat, Espelage, & Green, 2007; Swearer, Turner, Givens, & Pollack, 2008). Coming out in the school environment can lead to discrimination not only by peers, but teachers and administrators as well (Espelage & Swearer, 2008). Potential advocates such as teachers and counselors might be unwilling to challenge moral or legal issues that denigrate sexual minorities because they fear the stigma of being classified as gay (Bernal & Coolhart,
2005; Espelage & Swearer, 2008; Savin-Williams, 1990). LGB youth who perceive the school environment as non-supportive may experience heightened psychological distress (Rivers & Noret, 2008; Swearer et al., 2008). In contrast, LGB youth who perceive a positive school climate as generally supportive towards their sexual orientation have reported fewer negative psychological effects than if they perceive the environment as non-supportive (Espelage et al., 2008; Poteat, 2008).

Currently Jerry is working on his GED at the youth center and gains some support from his peers there. He struggles at his three part-time jobs maintaining friendships with co-workers. As Jerry teeters back and forth between being angry and depressed, he has few friends to whom he can relate to. He thinks that others constantly criticize him for who he is, and believes others talk about him behind his back.

**Access to LGB support network.** Coming out to other LGB individuals can help provide a sense of being valued by others, encourage a positive sense of identity (Mosher, 2001), and increase the validation and support LGB youth may need through the coming-out process (Bernal & Coolhart, 2005; Sanders & Kroll, 2000). Socially supportive groups and activities such as Parents, Families, and Friends of Lesbians and Gays (PFLAG) and school-based Gay Straight Alliances (GSAs) provide increased opportunities for positive interactions with other LGB adolescents and adults (King, 2008; Mayberry, 2006; Singh, 2008). Such supports can help alleviate the strain and stress of living in a heterosexist society and can help sustain LGB youth through what may be tumultuous times and help them cope with possible rejection from family and peers (Morrow, 2000).

Jerry has few positive supports in his environment. The LGB youth center has provided him with the most support in the past, with help working on his GED, support groups to talk
though and discuss LGB issues, social activities, and a safe place for him to hang out. His current roommate is his best friend and the only person, other than his counselor, in whom he believes he can completely confide.

**Racial and ethnic differences in the coming-out process.** A frequently asked question over the past several decades is whether the coming-out process is similar for individuals from different ethnic and racial groups. Rosario, Scrimshaw, and Hunter (2004) found no difference in coming-out time or realization of sexual identity among Blacks, Whites, or Latinos. However, compared to Whites, Black and Latino LGB individuals disclosed to fewer people, felt less comfortable about sexual orientation (Maguen et al., 2002; Rosario et al., 2004), and were less likely than Whites to participate in social activities or groups that reinforced LGB identities (Rosario et al., 2004).

Racial and ethnic minority LGB individuals deal with at least two minority statuses and have the developmental task of resolving multiple cultural identities (Salazar, 2006). At least one-third of sexual minorities of color experienced racism within the LGB community; two-thirds experienced homophobia within their own racial community (Battle, Cohen, Warne, Fergerson, & Audam, 2002). African American and Latino communities hold negative views of gays and lesbians, which can lead to negative internalized beliefs by these LGB youth (Sandford, Melendez, & Díaz, 2007; Stokes & Peterson, 1998). Additionally, LGB racial minorities may be ostracized by Caucasian gays and lesbians (Crisp, Priest, & Torgerson, 1998). The case becomes even more complicated for lesbian girls and women of color as they face a “triple jeopardy” of being female, lesbian, and a racial minority in a predominantly patriarchal, heterosexist, racist society (Greene, 1994), which can lead to increased anger, frustration and isolation.
Because LGB adolescents of color are often dealing with multiple forms of discrimination, their choice of where to focus their attention and spend most of their time depends on which minority status is most salient at this time in their lives. For the majority of LGB racial minorities, race is first priority, meaning most of these LGB youth deal with their sexual minority status alone (Battle et al, 2002), which can lead to higher levels of mental distress (Sandford et al., 2007).

Jerry believes his LGB status will not be accepted in Latino culture; consequently, he feels conflicted about the role his Latino origins play. When asked to define himself, Jerry will say he is Latino first and then gay. He has conflicting beliefs and attitudes towards himself that are both self-depreciating and self-appreciating regarding his race and his sexual orientation. He is more alert to homophobia than he is to racism, but is very aware that most LGB individuals he comes in contact with are White. He is dubious of members of the dominant group but realizes he mostly has been accepted by the White LGB group.

**Religious differences in the coming-out process.** Researchers suggest that more traditional, conservative individuals with religious backgrounds have a difficult time accepting LGB youth (Morrow, 2000). Gays and lesbians with traditional religious backgrounds, particularly those with fundamental Christian upbringings, were more likely to experience self-esteem problems, experience feelings of depression, and leave their church communities than heterosexual youth (Heatherington & Lavner, 2008; Ream & Savin-Williams, 2005). The belief that sexual orientation could be changed by God or religion can be related to negative self-esteem as individuals experienced higher levels of internalized homophobia (Ream & Savin-Williams, 2005).

Liszcz and Yarhouse (2005) found that religiously oriented counselors were more likely to embrace reorientation therapy, with a goal of changing the client’s sexual identity. Ream and
Savin-Williams (2005) found that LGB adolescents whose counselor’s religious training supported the belief that lesbian, gay, or bisexual sexual orientation was a result of a moral failure or sinful nature on their part and that only a spiritual healing could heal them, felt angry, depressed, and even rejected by God when the healing did not occur. Those who felt compelled to leave participation in organized religious practices because of sexual orientation ended up feeling negatively towards religion.

The Report of the American Psychological Association (APA) Taskforce on *Appropriate Therapeutic Responses to Sexual Orientation* (APA, 2009), denounced the use of reparative therapy and instead offered guidelines on providing clients with “multicultural, client-centered, and affirmative treatments that are developmentally supportive” (p. 79). Counselors were advised to discuss and explore with their clients the variety of viewpoints as seen by different religions, while also exploring both the religious and psychological impacts of these beliefs. Clients who do not have express or have religious or spiritual views may also want to discuss with their counselor the implications of non-religiosity on their sexual orientation.

Jerry feels very conflicted between his religious upbringing and his personal feelings about sexual orientation. He asserts his devoutly Catholic family would believe he has chosen this lifestyle and will go to hell for his choice. In some ways, Jerry believes this assertion as well. He believes God does not approve of what he is doing and how he is living. Yet when asked to look within himself to find what he truly believes, he states his belief he did not choose this lifestyle and that God might be able to approve of someone he created, even though he is gay.

*Previous counseling experience.* Relationships with previous counselors and other mental health providers can strongly affect how clients view the counseling process and the current counselor, especially clients who have experienced reparative therapy and other non-
affirming treatment. As reparative therapy can be associated with increasing a client’s depression, low self-esteem, and suicidal ideation, counselors should discuss with clients issues related to previous therapeutic interventions (APA, 2009). This knowledge can help counselors establish a more genuine and trusting relationship that is not strongly affected by previous counseling experiences clients view as negative or non-affirming.

Jerry has received treatment from two other counselors at ages 12 and 15. The first, a school counselor, did not approve of the “gay lifestyle” and believed that it was a choice Jerry had made. Most sessions focused on exploring why Jerry “chose” this lifestyle and what he could do to choose heterosexuality. Jerry came out of this experience feeling angrier and more depressed than he had before he went into counseling. The second, a private practitioner, was more accepting of Jerry but focused only on Jerry’s sexual orientation in counseling, leaving Jerry thinking that the counselor viewed him as a uni-dimensional person.

Counselor Strategies and Interventions

As a foundation for competent practice, counselors must examine their attitudes, beliefs, values, and personal feelings towards the LGB population and seek consultation and/or supervision as needed to address them. Course work, continuing education, reading, and/or working with other experienced counselors helps counselors less experienced with LGB clients increase their knowledge and understanding of LGB issues. Counselors become more able to situate the coming out process systemically rather than view it as simply the client’s personal problem.

Counselors approaching their work with LGB adolescents from an empowerment and advocacy stance have a number of avenues to assist their clients develop a healthy sense of selfhood that embraces and affirms their sexual orientation. These include (a) helping
adolescents connect to others so they do not feel isolated; (b) assisting them explore fears, anxieties, and self-perceptions; (c) helping them deal with secretiveness of identity and issues of coming-out; (d) assisting them in weighing the pros and cons of coming out to different individuals and in different settings; (e) helping them explore issues of resiliency; and (f) aiding them to realize that the process of establishing a sexual orientation may take weeks, months, and sometimes even years (ALGBTIC, 2008; Bernal & Coolhart, 2005; Singh, 2008; Stone, 2003).

Counselors can employ specific interventions and strategies to help LGB youth understand and move forward in their sexual identity development. Additionally, counselors working with LGB youth of color can assess which of their clients’ cultural identities is most salient so they can work through the multiple issues confronting these clients (Greene, 1994). Strategies and interventions might include reframing of issues, behavioral rehearsal of difficult situations, empty chair to explore polarities within the client, exploring irrational and rational fears, giving clients books to read and movies to watch to help them understand LGB issues, and homework and reading assignments (Saltzburg, 2007).

Morrow (2000) suggested that adolescents be educated regarding LGB issues so they can internally and externally dispel myths about LGB individuals. Researchers recommended that clinicians focus on LGB adolescents’ resiliency rather than the stereotypical pathology (Bernal & Coolhart, 2005; Mosher, 2001; Rosario et al, 2001; Savin-Williams, 1990, 2001). In addition to working with the clients to address internal factors, counselors can help LGB clients identify and assess their external environment to determine if coming out may be a healthy and empowering process or a damaging one causing loss and upheaval (Morrow, 2000).

Intervention can include parent education and support. Mosher (2001) recommended that when counselors work with parents, particularly those who have not encountered LGB
individuals before, they educate parents about the sexual identity process and other realities of being gay. Having a professional educate parents may reduce the initial stigmatization associated with the coming-out process (Mosher, 2001; Stone, 2003). Counselors can encourage parents’ involvement in such organizations as PFLAG where they can obtain literature and attend PFLAG chapter meetings. These meetings, informational literature, and other supportive individuals can help family members respond positively to their LGB adolescent. Once family members become supportive, they can help LGB youth face developmental challenges ahead of them (D’Augelli, et al, 2005).

Counselors can also become social advocates to help ensure schools, families, and organizations become safer and more equitable for LGB youth (ALGBTIC, 2008; Kosciw, Diaz, & Greytak, 2008; Singh, 2008; Stone, 2003). This can be accomplished by helping teens find resources, such as books and internet sites, and support groups such as PFLAG and GSA (King, 2008; Mayberry, 2006; Singh, 2008, Stone, 2003). In schools without GSAs, counselors can work with students and supportive faculty to organize and establish them. Counselors can positively influence policy in the school and community regarding harassment and violence; continue to acquire professional training through workshops and literature regarding LGB youth; and positively model acceptance, inclusion, and social support of LGB youth (Chutter, 2007; Kosciw et al., 2006, 2008; King, 2008; Singh, 2008; Stone, 2003).

**Counselor’s Work with Jerry**

As Jerry’s counselor begins to work with him, it might be effective to explore Jerry’s previous counseling experiences and his thoughts and feelings about them. The counselor will begin to understand some of Jerry’s anger and mistrust towards counselors in general. Counselor genuineness and self-disclosure about his or her thoughts regarding the unethical treatment of
sexual minorities will help facilitate increased trust. As a result, Jerry might feel more willing to explore his issues in greater depth.

Throughout treatment, the counselor works with Jerry to help him understand he is not responsible for the behavior of others around him. He can only be responsible for his own cognitions, behaviors, and actions. Helping Jerry understand the impact of racism, homophobia, and heterosexism within the larger environment is an essential component in helping Jerry recognize, evaluate, and address his own needs, feelings, cognitions, and behaviors.

Utilizing the integrative model, Jerry’s counselor needs to determine relevant factors from the client inputs to determine the course of action in treatment. Jerry struggles with a number of different issues, particularly those surrounding sexual and racial identity, anger management, and self-esteem.

Addressing Jerry’s level of sexual identity development might be helpful in normalizing his feelings regarding his sexual orientation. Explaining Cass’s (1984) model and helping Jerry define which stage best describes him might help him see that progress can be made towards successful sexual identity integration.

Cognitive behavioral therapy (CBT) might be helpful with Jerry. As he is open to exploring and discussing his past as well as the present, Jerry would likely be receptive to Socratic dialogue to help him explore and examine his personal beliefs, internalized homophobia, and his beliefs about and experiences of racism. Because Jerry loves to read and write he might also be receptive to homework assignments to help him read about and write about his sexual and racial identities as he starts to explore and integrate them into his personality. Jerry and the counselor could seek out non-fiction and fiction books such as *Down for Whatever* (Smith, 2005) and *Breathe* (Poole, 2005); movies such as *Prayers for Bobby*
(Brooks, Permut, Sladek, Taaffe & Mulcahy, 2009) and Brokeback Mountain (Ossana, Schamus, Randall, McMurtry & Lee, 2005) and television shows such as Will and Grace (Kohan & Mutchnick, 1998) and Glee (Murphy, Falchuk, & Brennan, 2009) with positive role models to help Jerry feel more positive about himself. Using different forms of media to explore Jerry’s issues and concerns will help Jerry see that he is not alone in his struggle in a predominantly heterosexist society.

Because Jerry’s tendency has been to explode and fight with others when angry, he could benefit from learning and rehearsing anger management techniques. The counselor could encourage and support Jerry’s continued meditation practice, teach him additional relaxation and guided imagery techniques, and reinforce Jerry’s efforts as he starts handling his emotions in different situations. With the counselor’s help, Jerry can engage in behavioral rehearsal to help him work through some of his anger triggers so he can deal with stressful situations in a more reasonable way. The counselor can help Jerry learn alternative ways to deal with his anger about injustice, homophobia, racism, and heterosexism so he can choose his response instead of just reacting in an emotional outburst of pain.

Jerry and his counselor could explore whether or not, and in what ways, Jerry could come out to friends, family, or coworkers. As Jerry becomes more comfortable with and accepting of his sexual orientation, he may be ready to begin working on coming out to his mother and brother. The counselor will want to explore with Jerry the possible effects of coming out to his family at this time and help him weigh the pros and cons. Some of the pros might include feeling he can be his “true self” around his family and that there can be open discussion about his sexual orientation. Conversely, he may be faced with his mother’s anger and tears, and may be inundated with lectures and prayers from his mother and brother. Jerry could role play with the
counselor scenarios in which he comes out to friends and family. Through this exploration Jerry will be able to make an informed choice about how and when to come out.

The counselor and Jerry collaboratively could seek out support resources to help Jerry through his life transitions. As the youth center Jerry already attends offers many of the services he currently needs, the counselor could promote Jerry’s continued use of the center’s resources. The downtown LGB youth center also provides family counseling and sexual identity development support groups. Jerry could be encouraged to attend these free groups with his family when the time is right. Jerry and his counselor could seek out LGB friendly Catholic churches he and his mother could attend. Some Catholic churches offer services and support for gay and lesbian parishioners and their families. In this way he might be able to find some common ground with his mother, whose approval he desperately seeks and wants.

Through counseling and the support resources described above, Jerry might be able to find a life beyond his constant cycle of depression and anger and perhaps reconnect with his mother and brother. Jerry has suffered a lot during his short lifetime. With the counselor’s help Jerry can examine and evaluate his own cognitions; by making different choices regarding his beliefs he might be able to work towards sexual identity integration, racial identity integration, higher self-esteem, and increased self-acceptance.

**Conclusion**

The integrative, empowerment model we have presented for helping lesbian, gay, and bisexual youth negotiate the coming-out process enables counselors to better understand and work with the many facets of their clients’ lives that need to be considered. Counselors can examine internal factors such as the client’s level of sexual identity development, internalized feelings of homophobia, self-esteem and self-acceptance, and mental health behaviors. They can
also explore external factors such as family and school environment, race and ethnicity, culture, and religion, and any previous counseling experiences to determine if it is safe for the client to come out, and in which surroundings.

By considering the client holistically, the counselor and client collaboratively can identify appropriate and empowering interventions to help the client through the coming-out process in a predominantly heterosexist and homophobic environment. As social advocates for their clients, counselors can also work to facilitate systemic change. School counselors can help establish Gay Straight Alliances, help change policies, and educate teachers and administrators about issues and needs of LGB adolescents. Private practitioners and community agency counselors can talk to local churches and parishes about the LGB community, help advocate for changes in public policy, and provide support and educational groups for families and friends of LGB youth. In communities that have limited services for LGB youth, the counselor can take a role in the community of developing support services for such young people. As counselors begin to see LGB youth as whole persons with a variety of internal and external factors affecting their lives, they can more fully support, advocate for, and facilitate the empowerment of LGB clients through the coming-out process.

This model has been utilized in direct service with clients in private practice and college counseling settings, as well as in training new and experienced counselors to work with LGB youth and adults. Thus far, both novice and experienced practitioners have responded enthusiastically to the model. Clinicians have described it as a helpful, systematic framework for working with and conceptualizing their LGB clients. New professionals lacking experience with LGB individuals have found the model helpful because it provides them a knowledge base of the major influences affecting the coming-out process, a starting place to initiate their work with
LGB clients, and a series of reference points they can use along the way. Clients also find the model useful in helping them visualize the complexities of the coming-out process.

As this is a theoretical model that has been developed, utilized and refined in counseling settings, research options concerning the model are vast. The authors intend to continue to research and work with this model regarding the coming-out process. Qualitative research could be conducted to explore the experiences of individuals who have successfully navigated through the coming-out process, to find out what factors most influences this successful navigation. Counselors utilizing this model with LGB individuals in therapy could also be monitored to determine which parts of the model were helpful and which were not during the counseling process. Scholars could continue to research this model and gain empirical and qualitative support for use of the integrative, empowerment model for working with LGB individuals in the coming out process.
References


Podcast. Podcast retrieved from

http://www.counseling.org/counselors/TP/podcastmembers/CT2.aspx


Figure 1

An Integrative, Empowerment Model for Helping Lesbian, Gay, and Bisexual Youth Negotiate the Coming-Out Process

Client Inputs

Internal Factors:
- Sexual-Identity Stage
- Internalized Feelings of Homophobia
- Self Esteem/Acceptance
- Mental Health Behaviors

External Factors:
- Family Environment
- School/Peer Environment
- Access to LGB Support Network
- Race/Culture
- Religion
- Previous Counseling Experience

Counselor Strategies and Interventions

- Getting trained regarding LGB Issues: i.e., knowing stages of development
- Addressing personal homophobia
- Openly accepting and being supportive of LGB youth
- Working with parents as needed: educating, conflict management, etc.
- Addressing family issues, peer issues, school environment
- Addressing issues of race/culture
- Addressing religious issues/beliefs
- Discussing previous counseling situations
- Providing resources (i.e., literature and healthy support groups)
- Specific Techniques: Role Playing, Reframing Issues
- Social Advocacy/Policy Changes

Outputs

- Self Esteem/Self Acceptance
- Mental Health Behaviors
- Family Support
- Peer Support
- LGB Community Support
- Institution Support
- Religion/Schools
- Gender Identity Acceptance/Integration

Continued Support as Counselor Strategies and Interventions