

Fall 2022

Rainbow Connections: Clinical Practice Adaptations for SAIGE-Affirming Counseling

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Recommended Citation

Pope, Amber; Ausloos, Clark D.; and Augustine, Bianca, Rainbow Connections: Clinical Practice Adaptations for SAIGE-Affirming Counseling (2022). *Association of Counseling Sexology & Sexual Wellness Newsletter*, 9(1), 17-22.

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ACSSW Research & Scholarship Committee presents *Research in Action*
**Rainbow Connections: Clinical Practice Adaptations
for SAIGE-Affirming Counseling**

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Sexual, affectional, intersex, and gender expansive (SAIGE) communities are inclusive of LGBTQ persons, and all other individuals with identities that are not heterosexual and/or cisgender. SAIGE persons are more likely to seek counseling at some point in their lives, largely due to *marginalization stress*, stigma-related experiences that contribute to increased stress reactions, including mental health outcomes such as anxiety, depression, suicidality, and substance abuse (Hope et al., 2022; Pachankis et al., 2022). We utilize the term marginalization stress in place of minority stress to highlight that the problem is not with the marginalized person, but with the wider societal experience of marginalization and discrimination (Hope et al., 2022). Although counselors will encounter SAIGE individuals in their practice, many counselors still feel underprepared to work with SAIGE, particularly gender expansive (GE) clients. This is even more true within clinical specialties, like addictions, intimate relationship counseling, and school counseling (Alston et al., 2021; Ausloos et al., 2022). Further, standardized and empirically supported guidelines for infusing SAIGE affirming care in counselor education (CE) are under-developed (Moe et al., 2021) and most CE programs do not thoroughly integrate SAIGE content across the curriculum (Luke et al., 2022). Intentional discussions around SAIGE identities typically only occur in multicultural counseling courses within master's level CE programs (Ausloos et al., 2022).

Clients who perceive their counselors as SAIGE affirmative experience a stronger working alliance and increased well-being (McCullough et al., 2017; Salpietro et al., 2019); conversely, anti-SAIGE microaggressions harm rapport and decrease the efficacy of treatment, contributing to psychological discomfort and invalidation for SAIGE clients (McCullough et al., 2017; Spengler et al., 2016).

For counselors to effectively serve their clients, it is essential for counselors to develop proficiency in SAIGE affirmative practice, which includes: 1) knowledge about SAIGE individuals, families, and communities and the historical context of these populations, 2) affirming attitudes that encourage the exploration, expression, and resiliency of SAIGE ways of being, 3) clinical behavior that directly incorporates affirming practice into interactions with SAIGE clients and their families (e.g., address stigma-related stressors, accurate use of pronouns), and 4) advocacy to eliminate structural barriers (e.g., discriminatory laws) and develop policies that center SAIGE affirmation as the standard of care (Pepping et al., 2018).

The Society for Affectional, Sexual, Intersex, and Gender-Expansive Identities (SAIGE) provides competencies for working with sexual, affectional (Harper et al., 2013) and GE clients (Burnes et al., 2010). Although thorough, research-based, and aligned with the CACREP core areas, SAIGE's competencies are written in a broad and general manner that may make it difficult for counselors to pragmatically apply the competencies during sessions. Hope et al. (2022) and Pachankis et al. (2022) utilize the most up-to-date research, community feedback from providers, and input from SAIGE individuals to construct adaptive principles for modifying mental health interventions to enhance responsiveness for SAIGE clients. Stigma-related experiences in counseling can undermine interventions and client safety (McCullough et al., 2017; Pachankis et al., 2022; Spengler et al., 2016); hence, counselors need to adapt their clinical practice to support the identities of their clients. We review the primary principles of the adaptation models and conclude with a summary to guide counselors seeking to enhance their practice with SAIGE populations.

Adaptation Strategies for SAIGE-Affirming Counseling

Pachankis et al. (2022) put forward six principles as a basis for counselors to modify evidence-based practices and clinical interventions for SAE clients. Similarly, Hope et al. (2022) identified 12 practice adaptations for counseling GE clients, particularly those in underserved and rural settings. We combined Pachankis et al.'s (2022) principles and Hope et al.'s (2022) practice adaptations into nine integrated adaptive strategies for SAIGE-affirming counseling, taking into consideration the unique identities, experiences, and needs of SAIGE clients.

1. Create an affirming setting.

- Publicly acknowledge SAIGE affirmative counseling services in marketing, office decor, psychoeducational materials, clinical documentation, referrals, and office staff.

2. Engage in critical self-reflection and introspection.

- Maintain awareness of your own experience of sexual, affectional, and gender identity.
- Critically reflect on the ways your language and beliefs may unintentionally perpetuate heteronormative or cisnormative society standards, thereby disaffirming SAIGE clients.

- Monitor how you react and respond to clients in a way that either conveys marginalizing or affirmative messages.
- Become comfortable with the variability and fluidity of SAIGE expression and identity. Meet your clients where they are at in their exploration and process – your role is not to impose a particular journey on the client.

3. Educate yourself.

- Clients are not responsible for educating counselors on SAIGE identities.
- Learn about the current sociocultural context; legal climate at a local, state, and national level; and local supports and services available for SAIGE communities.
- Be knowledgeable about clinical guidelines (e.g., SAIGE competencies) and stay-up-to date on the SAIGE mental health literature.

4. Acknowledge and share power.

- Acknowledge the privilege afforded to you by a heterosexual or cisgender identity.
- Adopt a non-expert stance as much as possible to minimize marginalization experiences within counseling.
- Be open and non-defensive when you make errors or misunderstand clients.
- Be transparent about the therapy process to foster collaboration.
- For GE clients, recognize how the gatekeeper role (i.e, counselors providing letters for medical gender affirmation services) exacerbates power differentials already present in counseling.

5. Validate client experiences of marginalization and oppression.

- Acknowledge the pervasive stigma, marginalization, and oppression that SAIGE people face in small and large ways in their daily lives.
- Highlight how mental health symptoms (e.g., depression, anxiety) can be normal responses to marginalization stress.
- Trust and affirm clients' perceptions of their experiences.
- Acknowledge how early and ongoing experiences with marginalization stress are unique to each client and can contribute to powerful negative messages about themselves.

6. Empower and support.

- Appropriately locate clients' source of stress within the social, cultural, and institutional experiences of marginalization rather than the client themselves.
- Highlight clients' unique strengths.
- Help clients build supportive, authentic relationships.

- Draw on clients' strengths, resilience, and social supports to assist clients with identifying appropriate coping responses to unfair consequences of marginalization stress.

7. Acknowledge context with practice.

- Consider marginalization stress as an important factor impacting clients' mental, physical, and spiritual health.
- Incorporate the entire experience of clients as part of your case conceptualization, including past, current, and future SAIGE identities and expression; experiences of marginalization; experiences of resilience and affirmation; and how the context of their lives (i.e., family, work, legal system) is affirming or stigmatizing.
- Specific to GE clients, include gender roles and the gain/loss of gender-related privilege as part of your case conceptualization.
- Consider context around decisions of confidentiality (i.e., determining client safety and readiness regarding disclosure).
- Consider whether specific interventions and theoretical perspectives are disaffirming to clients' unique identities and experiences (i.e., avoid having clients reframe cognitions related to their oppression, as this may invalidate their experiences).

8. Consider intersectionality.

- Ask clients about their relevant identities (e.g., race/ethnicity, religion, SES, age, ability).
- Consider how intersectionality with other identities impacts clients' experiences of SAIGE identity and expression.
- Understand intersecting identities as a source of stress and resilience.
- Recognize that a SAIGE identity may not be the primary organizing identity for an individual and SAIGE-related concerns may not be the primary focus of therapy.

9. Engage in advocacy.

- Prepare to advocate for and with SAIGE clients as part of the overall clinical approach for a given client.
- Decide with clients how your privilege as a counselor (e.g., well-educated, cisgender, heterosexual) can be used for clients' benefit.
- Consider the implications of referrals to needed services (e.g., hospitalization in a non-affirming facility) that may not be SAIGE affirming and may exacerbate stressors.
- Problem-solve through communication with clients and consultation with other providers to get the best possible option for a referral, even if it is not a traditional solution.

Implications for Practice

Counselors are an important part of dismantling historical oppression, and providing ethical, affirming care to SAIGE clients. Yet many counselors report a lack of competence and comfort in working with SAIGE clients and students (Ausloos et al., 2022; Luke et al., 2022; Moe et al., 2021). In combining Panchankis and colleagues' (2022) article with principles from Hope and colleagues (2022), we hoped to provide a set of adaptive, growth-oriented strategies for use in clinical practice. Affirmative practice starts with representation and inclusion in and outside the counseling setting (i.e., office decor and intake paperwork). A critical first step for counselors is to cultivate self-awareness and engage in critical reflection of their personal beliefs and values regarding SAIGE identities. Educating oneself on SAIGE topics, issues, and language enhances critical self-reflection. Counselors can empower and support SAIGE individuals in a variety of ways, including acknowledging the impact of marginalization on the lived experiences of SAIGE clients, sharing power with clients during sessions, and attending to intersectionality, power, privilege, and oppression. Finally, it is essential for counselors to engage in advocacy with and for their clients to encourage social and institutional change towards affirmation of SAIGE identities, which will contribute to increased well-being within SAIGE communities.

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