



# Clinical Common Ground for Gender, Sexual, and Faith Diversity

A Reconciliation and Growth Project Statement

We promote human flourishing, which includes facilitating self-determination, addressing trauma and minority stress, strengthening individual and interpersonal resilience, and fostering healthy human connection in treating clients dealing with sexuality, gender identity, and life purpose/faith/meaning concerns, while avoiding harm.

## **Self-determination means clinicians who provide counseling services do the following:**

- See the client as multifaceted with the right to explore, define, and live a personal life path without imposing the clinician's worldviews, values, and goals.

*For example: Not telling clients to leave or stay in their relationship, religion, etc.*

- Respect and explore the client's understanding of personal biological, psychological, and social experiences, including how the client navigates identity in such experiences.

*Example 1: Not determining or pressuring how a client identifies or chooses not to identify or whether a client should or shouldn't transition socially or medically.*

*Example 2: If unable/unwilling to support medical treatment, respectfully disclose this from the outset so the client can make a fully informed decision about whether to pursue treatment elsewhere. "Here are my limits. I can support you in [x] and [y] ways. Do you still want to engage in treatment with me, or do you prefer I refer you to someone who may be better aligned with your goals?" In cases where a client chooses to transfer, assist the client in finding suitable alternatives.*

- Use language that is respectful to the client. Use a client's pronouns OR if choosing not to use a client's pronouns, do not contest or disparage what the client shares with you about their identity or use of those pronouns.

*For example: Using the client's chosen name rather than using pronouns to refer to the client – in session and in clinical notes.*

- Respect the client's existential, spiritual, religious, and sociopolitical beliefs, experiences, and consequent decisions to participate in institutions that may or may not reflect all the client's values, needs, and goals.

*For example: "What kinds of support and/or growth do you experience in [x] environment/group that is meaningful to you?"*

## **For clients who want to explore their potential to expand, reduce, or eliminate sexual attractions and behaviors, we recommend the following:**

- Assess the client's history, motivations, and desired outcomes, including possible medical assessment to rule out physiological contributors.
- Do not introduce or encourage sexual orientation change efforts to a client or discourage or negatively label a client's prior or current personal change efforts.
- Evaluate with the client the safety, potential risks, and sustainability of the client's patterns of behavior, including coping behaviors and change efforts, in relation to self, others, and the client's development, health, and sexuality.
- Explore potential internal and external motivations to change, beliefs driving behaviors and motivations, and ways motivations might be based on internalized narratives and stigma versus personal values, needs, and priorities.
- Hold neutral space so that each client has the freedom to discover and pursue paths that align with their values, needs, and circumstances.
- Avoid challenging a client's beliefs about their identity or their spiritual path.
- Allow for unfolding potential and spontaneous shifts in sexuality that may occur without the clinician's direction towards or away from such changes.
- Assess the roles of anxiety and shame in the client's behavior reduction/change goals. Consider with the client how anxiety affects their experiences with this behavior, including the possibility that shame and anxiety may diminish well-being, perpetuate stigma, and reinforce rather than reduce the behavior. Use interventions that reduce anxiety/shame and thereafter review with the client the impact on their sexuality and behaviors.
- Encourage the client to be expansive rather than avoidant by broadening the client's focus beyond goals of behavior reduction/elimination. Life-affirming goals relevant to sexuality and domains outside of sexuality may include mindfulness, self-acceptance, self-compassion, connection, and resilience.



**For clients who experience gender distress and are interested in non-medical interventions, we recommend the following:**

- Do not encourage or discourage a person from identifying as male, female, or transgender/nonbinary.
- Do not discourage or challenge any particular gendered behavior, expression, or exploration.
- Assess for and distinguish between gender shame/trauma, gender-role dysphoria, gender-body dysphoria, body dysmorphia, and social dysphoria.
- Focus on reducing the effects of gender-minority distress on the client's well-being.
- Promote the client's gender identity development by:
  - (a) providing safety for the client to explore personal congruence regarding their gender, gender-body, gender role, and expression;
  - (b) providing interventions to address sources of distress, including societal neglect and lack of social safety;
  - (c) examining unrealistic, dichotomous/binary, and negative expectations of gender and gender role or other contributors to the client's gender distress;
  - (d) supporting the client's autonomy to self-label, including identifying as nonbinary, genderfluid, bigender, etc.; and
  - (e) strengthening the client's ability to live positively as a gender minority person, expressing themselves more congruently, and responding assertively to stigma and discrimination.
- Assess the client's history, motivations, and desired outcomes while respecting the client's personal values, needs, and priorities. Explore potential internal and external motivations and beliefs and the possibility that the client's motivations might be based on stigmatized narratives.
- Allow for unfolding potential and spontaneous shifts in gender identity and expression that may occur without the clinician's direction.
- Assess the roles of anxiety and shame in the client's behavior reduction/change goals. Consider with the client how anxiety affects their experiences with this behavior, including the possibility that shame and anxiety may diminish well-being, perpetuate stigma, and reinforce rather than reduce the behavior. Use interventions that reduce anxiety/shame and thereafter review with the client the impact on their gender identity and expression.
- Without dismissing the client's goals, consider broadening the client's focus to include life-affirming goals such as mindfulness, self-acceptance, self-compassion, connection, and resilience.

**Avoiding harm means clinicians who provide counseling services do the following:**

- Do not coerce, pressure, shame, discourage, or encourage direct changes in identity outcomes.

*Example 1: Suggesting or implying that a client will only have positive mental health if the client pursues or avoids gender transition.*

*Example 2: Suggesting or implying that a client will only have positive mental health if the client pursues or avoids certain relationships.*

*Example 3: Leading a client rather than staying with and holding space for the client to explore personal experiences.*

- Use approaches that are respectful and compassionate to the various choices a client makes regarding lived experiences;

*For example: Checking in with the client about potential harms the client might be experiencing from the clinician.*

- Obtain education about how organizational and cultural systems can discourage, devalue, and limit the client's self-determination; in particular, clinicians should be especially aware of how organizations and cultural systems they are associated with may influence treatment and impact a client negatively.
- Consider ways the same organizational and cultural systems may be important facilitators of belonging and cooperative relationships for the client. Do not discourage a client from participating in systems or institutions that are valuable to the client and may contribute to the client's flourishing.
- Recognize the impact of race/ethnicity and other meaningful identities as they intersect with sexuality, gender, and faith;
- Foster a client's intellectual, emotional, psychological, and social development in ways that honor the client's integrity.
- Convey that the client unconditionally deserves respect, dignity, and love and that the client's worth is not conditioned upon conformity.
- Assert the client's right to organize their values and ethics in a way that may or may not align with the expectations of other persons, institutions, or customs.

**Strengthening Interpersonal Connection and Resilience means clinicians do the following:**

- Help the client relate authentically with others, including identifying the client's strengths, needs, values, and boundaries in relationships and when to conceal and when to disclose aspects of the client's identity.
- Help the client develop skills to address conflict in a way that sustains relationships without jeopardizing the client's integrity and well-being.
- Support the client in recognizing, adding to, and/or strengthening the client's ability to contribute to and engage with relationships, family, institutions, and community.
- Help the client recognize and recruit interpersonal and community resources.
- Deepen the client's awareness of the role of personal needs and values in relationships, the client's own value in these relationships, and others' contributions to the client's well-being.
- Identify people, groups, and communities with shared values, mutual interests, and goals.
- Identify people, groups, and communities who value the client's contributions, even if there are limited shared values.



These approaches are potentially harmful:

**Violating professional ethics and guidelines:**

- Beginning from a foundational assumption that people are mentally ill or exhibiting a learned, reactive, or addictive behavior if they experience sexual and/or gender diversity and/or a deep devotion to faith;
- Assuming that a client's experience adheres to a one-size-fits-all model or theory;
- Not addressing the effects of minority stress, including prejudice, stigma, discrimination, and lack of social safety, mentorship, representation, and/or awareness of positive life options;
- Failing to be aware of healthy life options that may be available within the client's system of values or faith;
- Violating the client's boundaries, such as asking voyeuristic questions, using inappropriate touch or any nudity in sessions, and/or inappropriately disclosing personal information to the client;
- Not addressing the client's potential for creativity, resilience, and community building;
- Not assessing the client's unique experiences with religion, faith, sexuality, and/or gender identity;
- Failing to explore family systems and cultural and ethnic values and/or traditions; and
- Failing to discern the difference between a scope of practice issue and abandoning a client whose identity or life decisions do not align with personal beliefs.

**Failing to follow principles of good practice:**

- Not assessing the potential for suicide or self-harm;
- Not inquiring periodically about the client's feelings regarding counseling—for example, failing to ask if the client feels understood and not making adjustments or appropriate referrals.

**Using coercive techniques:**

- Using direct or indirect manipulation, pharmacological interventions, or aversive techniques, such as punishment, shame, and shock therapy, to achieve a specific outcome regarding sexual orientation, gender identity, or faith;
- Exploiting the client's vulnerability by asking questions that are voyeuristic, intrusive, or otherwise not relevant to the client's needs.

**Fostering expectations of predetermined outcomes:**

- Basing treatment on the assumption that a change in sexual orientation or gender identity will or should occur;
- Encouraging expectations of a specific sexual orientation, gender identity, or faith outcome;
- Limiting the client's exploration of sexuality, sexual orientation, gender identity, gender expression, personal values, or faith.

**Imposing external values upon the client's belief system:**

- Urging the client to discard beliefs about their religion, faith, sexuality, or gender identity;
- Denigrating the quality of life for a client's preferred life path regarding sexual, gender, and faith diversity.

This declaration applies to the spectrum of sexual and gender diversity, whether an individual identifies as lesbian, gay, bisexual, transgender, queer, intersex, asexual, or a different label or chooses not to identify according to sexual attraction or gender experiences.

**For this declaration, we used the following terms:**

**Faith** means a person's adherence to beliefs, practices, and rituals of that person's spirituality and/or religion.

**Gender** refers to the sex-related behaviors and traits ascribed by the culture and the sex-related characteristics individuals experience and assign to themselves. Gender differs from the biological sex of male, female, or intersex individuals.

**Gender identity** means the way a person interprets and labels their gendered experience.

**Minority stress** means chronic stress resulting from discrimination, prejudice, and/or lack of acknowledgment and social safety.

**Religion** means identification with a religious organization and its doctrines, principles, and/or practices.

**Sexual orientation** means a persistent pattern of erotic attraction and aversion. This may or may not be consistent with a person's preferred or experienced sexual and romantic expression and identity.

**Sexuality** means a person's erotic and romantic feelings, expression, and identity.

*\*\*Faith, gender, and sexuality may be core aspects of a person and/or may be shaped by cultural influences.*