Rebecca: This is Dr. Rebecca Daniel-Burke, your host for the American Counseling Association’s 2015 podcast series. Today we’re speaking with doctors Kristopher M. Goodrich and Melissa Luke about Group Counseling with LGBTQI Persons.

Kristopher M. Goodrich, Ph.D. is the program coordinator and assistant professor of counselor education at the University of New Mexico. He is a Nationally Certified Counselor and Approved Clinical Supervisor and a Licensed Mental Health Counselor in the state of New Mexico.

Dr. Goodrich is a member of the association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, the Association for Specialists in Group Work, and the Association for Counselor Education and Supervision. He currently serves as the President-Elect of the ALGBTIC as well as the President-Elect-Elect of the Rocky Mountain Association for Counselor Education and Supervision. Dr. Goodrich has numerous publications focusing on increased effectiveness of counselor preparation and counselor practice with lesbian, gay, bisexual, transgender, questioning, intersex, and asexual persons and group work.

Dr. Melissa Luke is an Associate Professor and Coordinator of the School Counseling program within the department of Counseling and Human Services, School of Education and is an affiliated faculty in the Department of Communication and Rhetorical studies in the College of Visual and Performing Arts at Syracuse University.

Dr. Luke has 15 years of experience in the P-12 education context, and she has published extensively in the area of counselor supervision with a specific focus on school counselors. Dr. Luke’s research interests include school counselor preparation with an emphasis on meeting the needs of LGBTQ youth. Towards that end, Dr. Luke is involved in a number of interdisciplinary research projects including the design and implementation of training simulations that use actors as standardized school stakeholders – administrators, teachers, students, family members – as well as a sociolinguistic examination of supervisory discourse.

Welcome Dr. Goodrich and Dr. Luke.

Melissa: Thank you so much for having us.

Kristopher: Thank you very much.

Rebecca: Great. How did you come to decide that this book was needed?

Melissa: It’s an interesting question. I was actually speaking to someone just this morning about how Dr. Goodrich and I came to begin our collaboration which has spanned the past 10 years and some of our work related to training school counselors to work with LGBT youth, in particular in gay-straight alliances in public school settings.
It was through that work and being immersed in the scholarship where we recognize that although the literature base was growing, there was not any specific resources that examined and supported counselor’s work with LGBT persons and groups and that was true across the lifespan and across all sorts of context. From that original work at a counselor education level, we decided that this would be a logical next step contribution.

Rebecca: Absolutely. There appears to be a great deal of information related to the intersection of sexual/affectual identity and gender expression. Can you clarify for our listeners some of this?

Kristopher: I would love to. In some ways, the term affectual identity might strike people as something different.

Rebecca: It is different. When I was reading it, I was wondering and then I was asking a few counselors. Some of us had not heard it before, so I'm excited to hear you tell us what it is.

Kristopher: Well, it’s the new terminology that we use for what we used to call sexual orientation. It’s actually embedded within ALGBTIC’s newest competencies. And what they’re really trying to say there is we tend to think about lesbian, gay, bisexual, even heterosexual people as having a sexual identity or sexual orientation, but there’s more to the experience than just the behavior. There’s emotional connections, there’s of course that sexual connection, there's cultural connections across people.

We use the term affectual identity because we think it is more affirming in how it describes the many different aspects of the relationship and it doesn’t reduce it just to something sexual or behavior.

In terms of the intersection, that’s another area that we see as potentially confusing or problematic for some people because we tend to talk about the populations of people, LGBTQI, just like the title of the book is. LGBTQI is its one thing, however more than one thing.

People can have affectual orientations and find themselves romantically, affectually, culturally connected to people of the same gender or of a different gender, but they also have their own gender identities and their own forms of gender expression. A lot of times, people think about the transgender population, people whom might transition – let’s say they’re born biologically male but innately believe that they are female that if they were to transition their gender, if they identify as female then they’ll end up being romantically involved with a man and observe the heterosexism of our society. Your gender identity is separate from your sexual identity.
Just like you can have different forms of gender identity, you can also have different forms of affectual identity and it doesn’t matter what your gender is in terms of who you might love and who you might affiliate with. We’re really trying to inform our readers to get past that binary that you can have more to those experiences. And so it wouldn’t make sense if someone identifies as transgender and lesbian, you know, female identified but still in love with a woman just like you can have a sexual orientation and a more traditional gender identity.

Rebecca: Everybody’s talking about Bruce Jenner this weekend last week.

Melissa: Yes, I was just going to say that’s a perfect example.

Rebecca: Yes. Can you say something about that, Melissa?

Melissa: Sure. For those listeners who may not know what we’re referring to, Dianne Sawyer recently did an interview with Bruce Jenner, the Olympic gold medalist and star of reality television show *Kardashians*, and he was talking about his gender expression and his really lifelong experience of being outwardly read as a man biologically beginning as a boy. But that from early on as a latent, I think you said eight-year-old, he recognized his gender expression identity as a woman, as a female.

He spoke about his journey and how he integrated and didn’t integrate that aspect of his identity. And now at this point in his life wanting to be more consistent with how he lived his life authentically based on his gender identity.

There was a point in the interview where he was speaking to exactly what you just asked Kris about of how does that intersect with affectual identity and he made it explicitly clear that he gets asked if he's gay and in fact, he was emphatic. He is not gay. Perhaps it was not spoken but one of the questions that I think follow what Kris is talking about is so that it’s implied that should Bruce Jenner continue his transition to live as a woman that he would continue to be attracted to women. That’s certainly what he talked about.

Rebecca: There was one point in the interview that I thought was really interesting and she said something, “Will you be dressing as a woman?” And he said, “It’s more like I've been dressing up as a man for many years.” I thought that was – well, the next – Yes, please.

Kristopher: One thing I'm attending is most is using the term he and people might have questions about it and that’s, I think, an important point is at this point when we’re recording, Bruce Jenner has asked the media to still refer to him as a he. At some point, Bruce might say, “Please refer to me both by new name as well as whatever identity that might change.” And I think that’s an important piece in terms of working with transgender clients is you really follow people’s lead in terms of how to express one’s
pronouns, one’s gender identity because it really is up to that person how they wish to identify and to respect them in that way.

**Melissa:** It’s a great point because he was emphatic that he is not gay, but it is entirely possible that should he continue his transition that he may change the language around what she describes and represents as affectual identity.

**Rebecca:** One of the members of the ACA, her name is Stacy Reicherzer and people may know her. I’ve done a podcast with her and she’s fantastic. She has sexual reassignment surgery and she told me – it is very touching to me. She told me the next morning, the first call she got was from her father and her father said, “How is my daughter this morning?” It was very touching for her.

Back to the questions, what is it in particular about group work that is an effective modality for counseling for LGBTQI persons?

**Melissa:** I think that a number of the aspects that are unique about group work are that it permits individuals to be part of something collective and that Yalom talks about the therapeutic aspects of that universality, etc. Those things exist related to group work just as a whole.

But when we’re talking about people’s identities, their affectual identity, their gender identity, that has a component that is intrapersonal, so inside an individual. But then there are interpersonal aspects of that, so the way we express ourselves, the way we connect and don’t connect, the way we are positioned, the way we position ourselves; all of those things take place in context with other individuals.

Group work as a modality provides access to another aspect of how identity functions in the world. Not just inside an individual or individual counseling can be incredibly helpful in people’s life experiences but group work provides a new or an additional aspect to that as well.

**Rebecca:** Also don’t you think it’s just liberating sometimes when somebody comes in to an LGBTQI group just to feel like they’re not the only one, particularly teens.

**Melissa:** Sure, absolutely. I think it can be a really powerful experience to be witnessed and be part of a group. I think that in particular, what you’re speaking to is any type of marginalized identity or an experience in any aspect of our identity when we feel as you’re saying the language of being the only one or not being able to necessarily identify others who are like us.

When we’re talking about LGBT persons, in fact, very often teenagers do know other individuals who identify in similar ways but they may not be necessarily aware of that.
Rebecca: Here’s an important question because anything regarding ethics is important. What are some key ethical considerations before beginning to conduct group counseling with LGBTQI persons?

Kristopher: There’s actually a number of different ethical considerations, but I’ll just highlight a few from the book. One is competency and if you’re going to host a group with LGBTQI persons, you should hopefully be competent with the populations you might be serving in that group.

We talked a couple questions ago about the difference between gender identity, gender expression, and affectual orientation. Some people might have knowledge and skills related to serving lesbian, gay, bisexual clients but if they have a transgender client, they may still need to do some research, may need to still do some work to appropriately serve the needs of let’s say a transgender or an intersex client in a group.

There’s also some needs in regards to structuring the group experience. Group screening and informed consent, making sure that members are appropriate in a group, trying to deal with making sure that there is appropriate group cohesion, that people can be heard and listened to, that they are appropriate for group environment because it’s so different than other environments; it’s not just a counselor and the client. There's multiple clients in the room and they all influence that group process, that group dynamic and can be either a corrective experience or potentially another experience that could lead to marginalizations or feeling some marginalizations.

The last piece I really want to talk about is confidentiality, and that's one thing that we really can't promise in a group situation. I think that needs to be discussed with all clients but in particular, lesbian, gay, bisexual, transgender, queer, questioning, or intersex clients because some people might not be out, may not disclose their identities in many different places of their lives but might decide to disclose it in group.

Well, a counselor can always guarantee confidentiality because they're the ones holding that information. In a group situation, we can no longer say that everyone in that group is going to honor confidentiality, and so there's a need to set group rules and group norms and let people know the importance of confidentiality.

But again, counselors can’t control other people’s behaviors and letting people know that when they’re entering the situation, there are certain expectations, there are certain norms, but there’s also limits to what counselors can do in that environment because we are adding additional people into that process and it can influence how people experience their life, experience others, especially in situations where someone may be out or not out.
Rebecca: I know that. I have led some groups where we certainly discussed confidentiality; everybody agreed to confidentiality; we had them sign a form which was their chart. But still you’re right; we can’t know what those eight people are going to go out into the world and do.

How does developmental factor into group counseling with the LGBTQI persons and what are some things to consider?

Melissa: I’m sure our listeners are aware that there’s aspects of our development that are differentiated. When we talk about cognitive development and physical development and emotional development and spiritual development, etc. that may or may not be consistent with chronological age and may not necessarily be equal with one another. That is an important thing to be aware of in any time of working with persons that some aspects of development may be further along than others.

One area of development that is particularly relevant related to working with LGBT persons is related to their identity development around their affectual identity as well as their gender identity. We’ve already talked about how to differentiate those things. It’s also important to know that they’re orthogonal, like an X and Y axis, and we can be at different places in development on those two axes. Now I’m becoming multiple dimensional here, and those may or may not be consistent or correlated with other aspects of our development.

For example, I may be a 50-year-old woman and in fact I almost am. There’s some aspects of my development that may be consistent with my chronological age. But then if I were recently identifying no longer as a woman, my gender identity may be not as developed as other components.

When we’re talking about group work with LGBT persons, a recognition of where people are developmentally across the different areas and that there’s a multitude of factors. I think that group leaders as they’re doing screening as well as informed consent with potential group members, it’s important to be intentional about knowing or anticipating the fit for people.

We’re familiar with the coming out process. Certainly there are pros and cons to having heterogeneous groups and homogenous groups. A group where there are people at mixed points in their development related to integrating their identity into multiple factors. At different points in development, people can serve as models and resources for one another and perhaps differing perspectives can add to the group experience.

But to the contrary, there certainly has been some literature that talks about how when people’s needs are really different related to what they’re hoping for from a group, they may not be able to have the group provide the optimal amount of support and experience. I might make the analogy, it’s like if you took a class that you had taken.
previously. There may be new information that's presented but it may not stimulate and meet all of your needs and I think that that can be true with group work as well.

**Rebecca:** Good point. Coming out in disclosure is a common topic in LGBTQI writing. What does your text add to this conversation? And I also wanted to ask you both. Yesterday, somebody told me he wanted to be referred to as LGBTQQI, and some people are a little confused about what exact term they should be using. I'm interested in the answer to your question about disclosure and coming out and also interested in the nomenclature, if you can help us for a moment.

**Kristopher:** I can start with nomenclature, and then I can move into disclosure. Nomenclature is constantly changing because gender as well as any actual form of identity is fluid and people really are able to craft who they are and that can change on a day to day basis, that can change on an hour to hour basis or a minute to minute basis.

And we see in the movement that there is constantly different terminology utilized, whether it be LGBT, GLBT, LGBTQI, LGBTQQIA. There's other terms that we don't have in the title but we discussed within the book. It's really dependent on the person and how they view their identity. I've seen the field move some even more recently even from publishing this book really rather recently where people are now using LGBTQ plus and that plus sign is supposed to stand out for everything that’s not added in the larger or that typical nomenclature.

We'll see how that is. I like the plus sign because it allows that continuous development or that continuous expansion. I can see some potential difficulties with the plus sign because some people will say, “Well, am I not important enough to be –“

**Melissa:** Yes, I'm not named.

**Kristopher:** I think that's one thing we're going to continue to pick through in a field, but it really depends on the person and how they want to express things. And as a counselor, I think it's important for you when you use your nomenclature to say where you have knowledge and where you have skill because these are the people I can serve. These are the things I can serve because there are limits or all of our knowledge and all of our abilities to go out and serve people. We are all experts in some things and we're all continually in growth in other things and of course, I hope our clients in our test case is.

**Rebecca:** And Melissa, did you want to add anything about the nomenclature?

**Melissa:** Well, I think that as Kris said and it’s worth underscoring that it’s always respectful to ask a person how they wish to identify. Of course, and I say of course, but we are products and co-constructors of the cultures in which we live and assumptions
come with that and it’s helpful for us to challenge some of our assumptions in particular when working with LGBT individuals.

I think when in doubt and maybe we should be in doubt more often that we are, it’s respectful to ask a person how do you identify? What are the pronouns with which you use? I’ve actually recently seen some people include that in their email signature so that that information is made available.

Kris talked about before that behaviors don’t necessarily define people’s identities, and there's lots of preferences related to that.

Rebecca: That’s great. Now Kris, back to you for the coming out and disclosure question.

Kristopher: Yes, in terms of what's new or different, there are a couple elements there in the book because this is something that is talked about quite a bit. One thing is that Melissa and I have noticed in the literature that there’s a lot of discussion about coming out or disclosure as if this is a necessary marker for one’s development, and that's actually something that we disagree with. We think for some people that might be useful or helpful to disclose or come out for whatever their identity is but for some people, it can be very dangerous.

Rebecca: That’s right.

Kristopher: Or it may be in certain context not across all aspects of one’s life. Because of this, we have some activities related to safety checks and working through in a group situation, how do I know if I'm safe? How do I make some of those decisions? What are some things that I need to consider or think about before I take that next step to move to this milestone? Or perhaps maybe I only move to this milestone in certain areas of my life or not in any areas; I hold it within my own.

Another element that we have in this book is really using group dynamics to have experiences almost like role plays with other group members to practice the process of coming out or disclosing to see what it would be like with those critical people, those important people in one’s life.

And so there are some activities geared to have them enter into that experience with trusted peers, trusted colleagues in that group situation guided by a group leader so they could have that experience to again make decisions, how do I frame this, how do I not frame this, what do I add, what do I take away. Or is this something that I actually feel ready to do in my real life.
Melissa: An added piece to that is that for this book that many, many counselors are going to be reading this and so because of the things that Kris said, it’s important that counselors look at an individual contextually. The literature certainly talks about lots of protective, positive associations that are connected to being out but at the same time, it’s important for counselors to not inadvertently push or influence clients without us helping clients assess their supports and in our own practices as counselor educators we have encountered more than one counselor in training who perhaps was well-intended, wanting people to support people in living authentic lives but potentially, like you use an example of teenagers, for example. Well, if a family context or a school context doesn’t offer significant supports that may not be the same as somebody who might have those supports.

Rebecca: You elected to group LGBTQI persons into a singular focus for the book. However, you have a chapter devoted to intersex and transgender persons. Could you describe what is unique in terms of this population?

Melissa: Sure. Intersex, although the term is more used than it had been say 10 or 15 years ago, I wouldn’t be surprised if there are listeners right now who have either not encountered that word before or have a lack of clarity about what that means. And there are approximately 40 very well-recognized conditions that result in what could be termed as ambiguous or incongruent, internal and external sexual markers. There’s a whole range of these, but they are intersex or recognized medical conditions that influence or are thought to influence how I find sex of individuals at birth and then have potential implications for later affectual identity, and gender identity development. And because these medical conditions are often involve a fair amount of medical treatment depending and often carry – are not necessary widely visible in everyday life, there’s a silence and aloneness connected to that.

I think I feel hesitant but what certainly could be experienced as traumatic life experiences that are not necessarily recognized or widely understood. I think that those are some important reasons why we chose to talk specifically and more at length about intersex, one being that there’s not as much information readily available and two, there are some unique life experiences that can be associated related to that.

And in particular, transgender has become an increasingly prevalent language and understanding. It’s really an umbrella term and there are a number of different identities and Kris talked about fluidity within when we talk about a transgender person. We wanted to again provide an explanation and illustration around the range of what counselors in particular working in a group context need to be familiar with.

Rebecca: Isn’t it also true that some intersex children are born with male and female genitals and sometimes it is simply the doctor and the parents who make a decision about which one is going to dominant. Is that correct?
Melissa: That is correct. And some of what you're referring – I use the term ambiguous but yes, it may be that internal genitalia doesn’t match external genitalia or what. There are actual medical criteria of what distinguishes what is thought to be a normative size clitoris or an enlarged clitoris or a small penis or a normative size penis at newborn. And some of those criteria then influence assigned sex.

I think it’s important that we recognize that just like none of us are immune to various aspects of our cultures, the medical profession is not either, and there is still what I would label as a male centric view and so some of those decisions that you are referring to can be really connected to that. There are what defines a functional genitalia for a woman and a man may not be the same criteria. Those decisions are – they’re complicated.

Rebecca: They’re complicated. And I worry that a medical doctor and parents are making decisions about how to move forward and that’s worrisome.

Melissa: Increasingly, there’s discussion about the merits of hormone or puberty suppressant therapy so that individual children can be informed and have a voice about making those decisions because some of the decisions that we’re talking about at birth and then over the course of development have some permanency connected to them. Increasingly, there’s discussion about the merits of that. Go ahead Kris.

Kristopher: But I also have to say though, the American Pediatric Association has come out in relation to the intersex children and said that really, doctors should not be making this decision. There are guidances for doctors not to make the decision and to counsel parents relative to this as Melissa is mentioning. There still are all these other cultural factors that are embedded in them because of course with the first question when a child’s born, is it a boy or is it a girl and that could lead to a couple of conversations. But I will say the guidance for the medical field is moving forward in this regard. The practice might be different but the guidances at least could be more permanent.

Melissa: Newly so. Yes, absolutely.

Rebecca: Wonderful. I’m glad to hear that. I didn’t know that. Although there are similarities in group counseling across context, please discuss how the unique settings contribute to group process in depth.

Kristopher: Well, in some way Melissa answered some of this question embedded within the chapter that we talked about different context. We of course talk about school counseling being one context and so of course, there’s the culture of schools that is different than community outpatient settings or residential settings as well as that intersection of development that makes those types of groups a little different because
the ways in which you're interacting with group clients in a school setting might look different or feel different or the interventions you use could be a little bit different based upon developmental level of that group client.

But then when you also move to other settings which is residential settings, what is the residential setting? Are they mandated clients into that residential setting? How does that influence your interactions with them? Again, how do you build that sense of community? How do you build that spirit of openness? How do you set productive group norms knowing that some people might be mandated to be in that place where others may come a little bit more voluntarily?

There are some significant differences based upon the setting which you're located knowing the audience that you're in and how to best work at that population knowing that just like in regular counseling, not all skills or not all interventions work with every single client but there's going to be some nuance based upon who you're working with or where you're situated.

**Rebecca:** The couples and family chapter was divided into two parts, one that addressed families of the LGBTQI persons and the other addressing the LGBTQI couples and families. What led to the decision to address those separately?

**Melissa:** As part of the answer to that, I want to acknowledge that Hannah Bowers is the author of that chapter. She's a doctoral student who was working with Dr. Goodrich and it's the only chapter in the book that Dr. Goodrich and I did not author. When approaching this topic, recognizing, and we certainly agreed with her, that the needs of individual who as part of a family was really different than an LGBT individual creating their coupling dynamics.

We saw these two topics as developmentally different. In working with families of LGBT persons, there's important concepts you talked already or we referenced the coming out process, the developmental process related to families’ awareness and support, their own developmental process. For example, Dr. Goodrich has done some research related to family’s response, parent’s response to a child’s disclosure. And we know that those aspects are significant to an individual’s experience.

The first part of the chapter addresses some of that and how group work can be an important mechanism in those developmental processes. And then the second part of the chapter really relates to couples and families and end up the developmental processes that go along with that. Looking at a group that may be designed for LGBT couples, so a couple’s group, and that’s quite different from what we were talking about before in the first half.
Rebecca: LGBTQI persons are at higher risk for numerous negative outcomes including alcohol and drug addiction. What will readers find in this chapter to help us as counselors to help ameliorate this?

Kristopher: Well, what we have embedded in this chapter are multiple different activities that relate to some of the reasons why people might utilize a drink. We know that it can be a challenging experience to feel marginalized in a broader culture, not to be able to express one’s selves, or find connections with others related to one’s identity or one’s experience.

We address different ways that groups can utilize to explore one’s identity, to understand who they are in the context of larger groups of society, as well as really what they’re leaving behind, how different substances or different uses might be a defense mechanism or a way to dissociate to not concentrate on what it is they’re actually processing.

We know specifically with alcohol and drug addiction when we look especially in small areas. I live in a more rural setting, somewhat small setting, the only place where queer people can socialize is at a bar. There's not general bookstores, there's not community groups, there's not those other organizations where you can go to find one another. And so how do you then have an identity if you have a particular struggle or how do you have an identity when you don’t feel comfortable in that identity? What do you use to feel that comfort?

And so using different strategies and interventions to want to explore your cultural experience to find cultural experiences that support or encourage you in a different way as well as really understanding what was the root that led you to some of these other substances or these other behaviors to experience this identity in a way that was more accepting to you at one point in time.

Rebecca: Now to grief and loss, please discuss the multiple types of grief and loss that can affect LGBTQI persons.

Melissa: Sure. I think grief and loss are universal concepts and they can be difficult and challenging for sure. But there’s also an aspect of renewal and some growth that can come through grief and loss and some of the ways in which grief and loss may uniquely impact LGBT persons could be defined as tangible and then intangible loss and when I talk about tangible loss, certainly the loss of relationships for example. That’s a tangible loss that people come in and move out of our lives whether relationship shift and change for LGBT persons. It certainly could be relationships beginning and ending and or through death, divorce, etc.
But then when I'm talking about intangible loss, some of that might be the loss of what might have been. We talked before about the cultural aspects and the stigma and the biases that exist in the world. And so it's not uncommon for persons to realize that their life experience may have been different. It is perhaps different from their cisgender peers or their – and so that would be an intangible type of loss but nonetheless impacting individuals and can have a significant impact.

Rebecca: Supervision is not a common chapter in a group work text. Why did you decide it was important enough to devote an entire chapter to that topic, and I think it's a very important chapter?

Kristopher: Well, thank you. It was actually partly because it's not a common chapter in group work text that we decided to devote a full chapter to it. We know that the field's constantly in development and we think that LGBTQ population is one place where I think people in the field are still trying to explore how exactly to do this work and Melissa and I both come from this experience where we believe so critically in the importance of clinical supervision throughout our work and in many different dynamics whether it be individual group or otherwise.

We think that there's a real benefit to really explore one's skills, how one's interacting with clients in any environment but especially when you're working with a marginalized population, especially if you are new to this experience or haven’t had the experience where you’ve worked with lesbian, gay, bisexual, transgender people. Specifically, it's good to have both supervision and consultation to really guide you towards those experiences.

It’s also important because I think when we look at the field, it’s part of the reason why we wrote this book. The field has a pretty basic understanding of LGBTQ experiences. If you read most foundational text, the only thing that you know that LGBTI people do is come out maybe commit suicide and address issues with sexually transmitted infections. But there’s so much more to that experience which we discussed through each of these chapters.

And so really allowing people the opportunity to understand okay, what are the different dynamics as well as how can I utilize my different clinical skills? How can I utilize intervention? How am I conceptualizing people? What biases, what prejudices do I bring to this process when I'm working with these individuals and the different ways in which I'm interacting with them across the individual, the intrapersonal, the interpersonal using group as a whole, or even influencing larger super group issues?

It was an interesting experience for me because I lead an LGBTQ group here in New Mexico, and we receive marriage equality as I was running this group. And seeing how these larger systemic issues impact the group process and using it appropriately with my group members to understand what that means and how that influences their
experience, their identity, how they feel comfortable both inside as well as outside of the group. Supervision is key to really providing some appropriate and ethical work towards those ends.

Rebecca: And don’t you think sometimes a group becomes something you didn’t expect which is really helpful then to have supervision. An example is I led a group for runaway teens in San Francisco and it was a runaway teen group and there was a runaway shelter that was associated with the group that hired me to do this group.

But what I didn’t realize is that it was going to be an LGBTQI group because there were so many kids who want to go to San Francisco because they think this is the place where I can be me and I learned from them. I told them they were teaching me every day. I learned a lot from them but it would’ve been wonderful to have a supervisor at that time whom I could go to and say –

But when you’re running a contract group like that and you come in once a week and you’re on a group, there’s usually no supervision attached to that. Don’t you think that’s the case?

Kristopher: That’s very much the case and actually when you say isn’t it sometimes the case group’s not always what you – I just state it being. I find most of my groups are.

Melissa: I know. I was thinking the same thing. It’s actually what’s exciting about groups but it also can be challenging.

Rebecca: Yes, it is. And I got a call probably, I don’t know, a couple of months ago from a woman who was in rural Texas and her first experience was somebody undergoing sexual reassignment surgery and she was the only counselor for 50 miles or maybe more. And she said, “How do I learn about it.” “You know, you just teach yourself, you go online. You’re telling me you don’t have anyone to talk with really there but you go online, you join a group, you join a group at ACA, and you research and you find out about it and you teach yourself about it.” Don’t you think we can all do that?

Melissa: I think that we all ethically should be doing that all of the time, absolutely. And sometimes, it can feel like we can’t learn fast enough and I think the nature of group work, things happen exponentially faster in the group too or at least they can. That can be a challenge group work. It has some unique factors that perhaps make it more difficult to supervise in those ways. Access the taping or live supervision, etc.

Rebecca: What are the distinctions between social justice, empowerment, and advocacy and allied groups?
Melissa: There are actually two different chapters in the book that are focused on these issues and I would say something that they all have in common is a propensity for some psychoeducational components to the group work.

Some of the distinctions when we talk about social justice, the awareness of the ways in which we as individuals are impacted by the systems that Kris earlier spoke about and that group work, some of the activities and content, some of the training of the group worker would be theoretically and philosophically and politically aware related to those things.

Empowerment, certainly there’s a large literature of empowerment groups in the benefit for all different types of marginalized populations and there’s some overlap with social justice. But some of the focus of that type of group work is inculcating a sense of agency in individuals.

Advocacy to me, I see these three things interrelated but also potentially like there's some development that first, you need to be aware of those institutionalized patterns and structures that exists that would be social justice empowerment related to a sense of agency. And then advocacy that agency moves outside of one’s self, some generativity related to that. And there’s definitely literature that talks about the beneficial components of taking an advocacy stance and doing for others.

Allied groups, one way to conceptualize that is actually a little bit preventative in a sense. Allies are extremely important in the individual and interpersonal life experiences of LGBT persons as well as being important aspects of advocates and making change and social justice and empowerment. And so we separated those but there's certainly a core connection between.

Rebecca: Is there sometimes an issue with LGBTQI persons and counselors and counselor educators with some wanting all marginalized groups to be represented together and there’s an issue sometimes with LGBTQI persons saying, “I don’t want to be grouped in with all of the other marginalized people in terms of social justice.”

Melissa: Sure. As a reflection of that, there was a lot of intentional discussion that Kris and I had along with our editors and colleagues also committed to this work in terms of how to represent populations in the title of this book and Kris talked about that. That’s an ongoing aspect as our awareness as individuals and as the field grows.

But certainly, there's an argument that if I'm a lesbian woman, middle-aged woman raising family, my needs may needs may be significantly different than if I were a transman in my teens. Again, I think when I was talking earlier about the benefits and drawbacks of homogenous groups versus heterogeneous groups, there's absolutely that aspect. I thought your question was going to go somewhere else when you asked that. There’s also –
Rebecca: You can go somewhere else. It’s okay.

Melissa: There are some LGBT individuals for whom it’s incredibly important that their counselor or whether individual or group is also a member of that population. Since identity is a significant and powerful aspect of our experiences, and I don’t necessarily have a universal answer for everyone. I think it’s important to find the right fit for the right people.

Rebecca: Lastly, this has been a fascinating discussion and we’re coming to the end. Lastly, what has been the reaction to the book so far and do you have any plans for a second edition or next steps?

Kristopher: Well as of this point, the reaction that I’ve heard has been very positive thinking about this is an issue not often discussed in group counseling and LGBT books. They don’t often discuss group counseling and group books. They don’t often discuss LGBTQ persons, and people feeling like it’s helped fill a gap.

In terms of next steps, that’s something that we’re still working on. We of course are continuing to do research relative to the LGBTQI population, wanting to further disseminate information about these people as well as continuing our own professional development and personal work in terms of exploring what are the things that we don’t know or the things that we need to continue to discover because there is so much change and there is so much fluidity within this field.

Melissa, would you say the next steps are?

Melissa: Yes. Well, my immediate thought is I was aware as soon as we sent the manuscript in that there’s more that could’ve been said. We don’t have formal next steps but there's definitely aspects that I think could be added. For example, bi-gender persons are not represented in the book, individuals for whom their gender identity is fluid enough but in different temporal context or different situational context. They wish to express one or another. It’s rather dichotomous but a male or a traditionally male or traditionally female gender expression and individuals that may identify themselves as more androgynous. That is a population, for example, that we did not discuss at all. I could see that as being important.

Rebecca: Sure. The last question that I ask in all of these podcasts and I’d like you both to answer is ACA now has over 55,000 members, most of whom are clinicians. Is there anything I have not asked you that you want our members to know?

Melissa: Yes. Whether or not a counselor believes that they specialize in work with LGBT persons, they are working with LGBT persons. And therefore, much of what we talk about in this book is I would say requisite knowledge for any practitioner to have.
One of the things the way the book is set up is topical areas across the book but there are also at least three different interventions that then are applied to a case. I only realized after we had written much of the book that the interventions themselves, almost all of them could be appropriate in varied context with other clients as well. Again, I think that it, it's just imperative that counselors continue developing and learning.

**Rebecca:** Yes. And Dr. Goodrich.

**Kristopher:** It’s interesting because as I’m reflecting on this conversation, there’s something that we have embedded in the book that I don’t think we really embedded in here, and that is that when we talk about the LGBTQ identity, it’s one of multiple identities that any person can hold. People are not just one thing. There are LGBTQ people across racial identities, ethnic identities, religious or spiritual identities, ability status, so on and so forth.

Really having that awareness that this is all important information with this one particular population or populations who are also members with other populations, and what Melissa had said is regardless who your client is, you’re working with LGBTQ clients. As well as there’s an assumption that these people look like or act like or believe like these people but not like these people.

And really knowing there’s all sorts of intersections happening with these clients. And to be conscious and aware of what those intersections are and how to work across those different identities and knowing that across those different identities, there might be additional unique needs for certain clients. I think it’s also important to state as well.

**Rebecca:** Wonderful. Thank you so much, Dr. Kristopher M. Goodrich and Dr. Melissa Luke for joining us to discuss their book, *Group Counseling with LGBTQI Persons*. To the links to this program, to write to the presenter or the host, please go to www.counseling.org and click on the podcast page. This is Dr. Rebecca Daniel-Burke, your host for the ACA 2015 podcast series signing off.