Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education

Volume 1 | Issue 1 Article 6

2019

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Recommended Citation

Zazzarino, A., & Bridges, C. W. (2019). A Population at Risk: Counseling Sexual Minorities with a Serious Mental Illness. *Journal of Counseling Sexology & Sexual Wellness: Research, Practice, and Education, 1* (1). https://doi.org/10.34296/01011005

A Population at Risk: Counseling Sexual Minorities with a Serious Mental Illness

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Sexual minorities are at a greater risk for experiencing a serious mental illness (SMI) compared to heterosexuals, and sexual minorities suffering from a SMI experience stigma and discrimination that leads to a greater need for counseling services. Current research does not address the needs of sexual minorities with a SMI and how to prepare counselors to work with this population, as most sexual minorities with a SMI find that counseling services do not meet their unique needs. The purpose of this transcendental phenomenological study, grounded in a Husserlian philosophical and minority stress model conceptual framework, was to explore the experiences and perceptions of counselors who provide counseling services to sexual minorities with a SMI. Data were collected from six participants using semistructured interviews and followed a thematic data analysis process, ensuring thematic saturation. The results of this study highlighted many themes regarding the unique needs of sexual minorities with a SMI such as multiple minority stressors, negative counseling experiences, and the impact of family, as well as counselors' perceptions regarding the lack of preparation in graduate school to work with sexual minorities with a SMI. Study findings may improve counselors' understanding of the needs of sexual minorities with a SMI so they may provide more effective counseling services. This study also highlights the importance of training counselors to work with this population and may support the efforts of counselor educators.

Keywords: sexual minority, serious mental illness, counseling, counselor preparation

Introduction

There are approximately a half million sexual minorities with a serious mental illness (SMI) in the United States (Bostwick, Boyd, Hughes, West, & McCabe, 2014). Sexual minorities are almost two times more likely to experience mental health issues that lead to an increase in depression, bipolar disorder, and other serious mental health diagnoses than their sexual majority counterparts (Bariola, Lyons, & Lucke, 2017). Additionally, sexual minorities with a SMI have higher levels of comorbid psychiatric disorders, which makes treatment and counseling more difficult (Mizock, Harrison, & Russinova, 2014). A SMI is often associated with schizophrenia but can refer to any mental health diagnosis that requires inpatient and outpatient treatment and results in significant disability in a major life domain of living, learning, working, or socializing (Pratt, Gill, Barrett, & Roberts, 2013). For the purpose of this study, the researchers defined a SMI as an individual who has a diagnosis of bipolar disorder, major depression, or schizophrenia. Even though sexual minorities with a SMI are more likely than their heterosexual counterparts to report a mood and anxiety disorder, both nationally and internationally, sexual minorities with a SMI underuse mental health services (Kidd, Howison, Pilling, Ross, & McKenzie, 2016; Seeman, 2015). Sexual minorities with a SMI experience a double stigma based on their sexual orientation and mental health diagnosis, and many report that counseling services are often stigmatizing, inadequate, and discriminatory (Mizock et al., 2014). Furthermore, the factors of discrimination and internalized homonegativity make recovery more challenging for sexual minorities with a SMI (Bariola et al., 2017; Meyer, 2013; Mizock et al., 2014). Thus, several intertwined factors complicate the treatment and recovery of sexual minorities with a SMI.

It is important to understand the needs of sexual minorities with a SMI that are not being met in counseling services and how these services can improve. There is evidence that many sexual minorities with a SMI do not use mental health services, supporting the need for additional training of counselors working with this population to increase and improve services (Kidd et al., 2016; Mizock et al., 2014). Researchers

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and counselor educators need to explore other ways to educate culturally competent counselors so that counselors can address the needs of sexual minorities with a SMI (Bidell, 2014). With additional research, counselors and counselor educators can provide services that are more effective to sexual minorities with a SMI.

Training

Counselors receive training that prepares them to be culturally sensitive and fulfill certain competencies, but training can be improved to include a focus on sexual minorities with a SMI. As part of their practice guidelines, counselors must adhere to the American Counseling Association (ACA; 2014) *Code of Ethics* that encourages counselors to seek additional training to provide ethical service and practice within their boundaries of competence. The Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC LGBQQIA Competencies Taskforce et al., 2013) has also highlighted competencies for counselors regarding sexual minorities. However, even though counselors receive training in both the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5; American Psychiatric Association, 2013) and multiculturalism, there is a lack of direct training on the specific needs of sexual minorities with a SMI (Kidd et al., 2016).

Multicultural Education

Over the past years, the Council for Accreditation of Counseling and Related Educational Programs (CACREP) has increased their emphasis of multicultural education in counseling programs (Brooks, Kim, Moye, Oglesby, & Hargett, 2015). However, there is a greater focus on race and ethnicity, which does not fully prepare counselors to work with sexuality or sexual identity (Collins, Arthur, Brown, & Kennedy, 2015). Furthermore, counselor education programs must shift from providing education and awareness of sexual minorities to teaching skill development to increase counselor competence in working with sexual minorities with a SMI (Graham, Carney, & Kluck, 2012). Therefore, the purpose of this phenomenological study was to understand the experiences of counselors who provide counseling services to sexual minorities with a SMI. By understanding counselors' experiences, counselors and counselor educators can begin to gain a deeper understanding of counselors' needs when working with sexual minorities with a SMI. Furthermore, understanding the needs of sexual minorities with a SMI may help counselor educators enhance their teaching, which may improve the services for sexual minorities diagnosed with a SMI (Kidd et al., 2016).

Methods

This study is grounded in a Husserlian approach focused on the intentional, conscious knowledge of the participants (Dowling & Cooney, 2012; Moustakas, 1994). Intentionality highlights the connection of the mind to the object, whereas the object exists solely in the mind (Moustakas, 1994; Pivcevic, 2013). Focusing on intentionality is the foundation of a descriptive approach that concentrates on the participants' conscious awareness (Heidegger, 1978; Moustakas, 1994). According to Heidegger (1978), to fully understand and deduce an experience, researchers must suspend their thoughts and ideas in a process known as phenomenological reduction. Bracketing opinions and ideas meant that personal experiences would not bias the results (Chan, Fung, & Chien, 2013), and it allowed for the truest experience from the participants that is essential, basic, and irreducible (Moustakas, 1994; Pivcevic, 2013). Further, this design allowed for an additional framework to organize the results in a context already in use among mental health practitioners.

Minority Stress Model

Because the minority stress model suggests that the mental health of sexual minorities is adversely affected by the experiences of stress, the model can be applied to the clinical treatment of this population. Individuals who occupy marginalized minority statuses face institutional and interpersonal discrimination, prejudice, and stigma (Bostwick et al., 2014). Therefore, it is best to explore multiple factors to understand the health disparities among minority groups (Meyer, 2013). According to Meyer (1995), individuals experience minority stress from three different processes. First, individuals experience stress from the environment and external events due to their minority status. Second, individuals begin to anticipate and project specific external events, becoming hyper vigilant (Meyer, 1995). Last, individuals tend to internalize the negative events and prejudices from the external factors (Hendricks & Testa, 2012). The minority stress model provides organizational structure for counselors working with sexual minorities with a SMI because it (a) provides a systematic way to address minority stress in the actual clinical situation, (b) highlights the clinical utility of examining the specific components of minority stress, and (c) demonstrates the use of sexual minority affirming psychotherapy for people struggling with minority stress (Alessi, 2014, p. 49). Additionally, the minority stress model supports a process in which minority stress influences mental health for sexual minorities (Baams, Grossman, & Russell, 2015). Incorporating this conceptual framework with a Husserlian approach helped the researchers formulate interview questions for the data collection process that supported the overall research question (Patton, 2014).

Participants

This study consisted of six female individuals who hold a terminal counseling license in their respective states. Of the six individuals, five identified as Caucasian and one identified as African American. Only one of the six identified as a sexual minority. At the time of the study, three of the six participants were living in New Jersey, one participant in Pennsylvania, one participant in Maryland, and one participant in Illinois. Five of the six participants were in their early to mid-40s, and one participant was in her early 30s. Additionally, four of the six participants graduated from a master's program that is accredited by the CACREP. Finally, each participant had experience working with sexual minorities with a SMI across different settings, such as intensive outpatient counseling, outpatient counseling, clinical mental health setting, and private practice.

Role of the Researcher

As a part of qualitative research where the researcher is considered the instrument responsible for data collection and analysis (Englander, 2012), the primary researcher for this study completed all data analysis and collection procedures, and the secondary researcher provided triangulation of data and feedback. The primary researcher of this study was a doctoral candidate and licensed professional counselor. The secondary researcher was also a licensed professional counselor and counselor educator in a CACREP accredited doctoral program.

Data Collection

Purposive, criterion, and snowball sampling methods were used to recruit participants. Data collection began by sending an e-mail to the recruitment agency seeking participants who met the following criteria: (a) professional counselor currently working with a sexual minority with a SMI, (b) the client will self-identify as a sexual minority, and (c) the client will have a SMI diagnosis. Using this criterion to select the population for the study was important because all the participants had a shared experience of what it is like to work with sexual minorities with a SMI (Patton, 2014).

A semistructured interview format allowed for flexibility; all interviews contained six main questions with time for additional probing questions (Qu & Dumay, 2011). The six main questions were as follows:

1. Tell me about your experience working with sexual minorities with a SMI.
2. What has your experience been regarding the specific needs of sexual minorities with a SMI?
3. What is your experience related to your clients' biggest struggles with stigma, prejudice, and discrimination?
4. What has your experience been regarding training to work with sexual minorities with a SMI?
5. How can counselor education programs improve training for future counselors to work with sexual minorities with a serious mental illness?
6. How can counseling services be improved to provide more effective services to sexual minorities with a SMI?

Though an interview guide supports the overall structure of the data collection process, the flexibility with a semistructured interview supports asking additional probing questions and changing when questions are asked as long as the interviewer is not manipulating the participants to respond in a specific way (Englander, 2012; Seidman, 2013). The ordering of the questions was changed after the first interview, with two questions switched to allow for a better flow of conversation and to enhance the depth of data. The most important element when using a semistructured interview is the relationship and human connection between interviewer and interviewee (Seidman, 2013). The interviews took place in Zoom videoconferencing platform, focusing on building a connection between interviewer and interviewee, and were scheduled for a total of 90 minutes during which the interview protocol guided the process and allowed for specific open-ended questions for researchers to gather rich data (Jacob & Furgerson, 2012; O'Reilly & Parker, 2012).

Throughout the interview process, it was important to ask the participants to elaborate on concepts and ideas they mentioned and not make assumptions. Additionally, to ensure the focus was on the participants, a reflective journal was used to bracket ideas before and after each interview. Bracketing was important so researchers could write about personal experiences and refrain from skewing questions or otherwise detracting from the experiences of participants (Chan et al., 2013; Kafle, 2013; Moustakas, 1994). Attention to confidentiality and security was imperative, so upon completion of each interview, data were saved and stored with a password-protected file. Member checking (Birt, Scott, Cavers, Campbell, & Walter, 2016), providing each participant with a summary of the interview, allowed the participants to provide feedback for clarity or elaboration.

Data Analysis

To begin the data analysis process, each interview was listened to in its entirety to ensure files were not corrupted and transcription was possible (Patton, 2014). A word-by-word transcription process of each interview was completed and imported into NVivo for storage and data analysis (see Bernauer, Lichtman, Jacobs, & Robinson, 2013). Once uploaded, each interview was reviewed a second time to allow for immersion in the data with attention to repetitive and

descriptive words (see Gibbs & Taylor, 2005; Moustakas, 1994). Specific words, lines, and passages of text were highlighted to create nodes in NVivo. These nodes are the preliminary meaning units in the data analysis and allowed for a better understanding of participants' experiences. After each interview, a list of nodes was used to guide data analysis for the second interview, highlighting text and either creating new nodes or adding to an existing node. Following this step with all six interviews, similar nodes were combined to generate themes that supported the research question.

A final list of 82 nodes was used in NVivo to organize each interview and the number of references. Sorting and combining these nodes, eight themes developed in support of the research question, with two subthemes. Following the conclusion of data analysis, thematic saturation was reached when it was evident that participants were repeating common themes (see Fusch & Ness, 2015). Therefore, data analysis ended at six participants, eliminating the need to collect additional data. Some participants provided richer, in-depth data with their examples as evident by the higher nodes in those interviews. Nevertheless, the participants' experiences collectively supported the overall themes in this study.

Trustworthiness

To ensure trustworthiness in data collection and analysis in this study, an interview protocol was used to keep each process as similar as possible. A semistructured interview process allowed for flexibility with probing and follow-up questions. Additionally, providing participants with a summary of the interview provided participants an opportunity to clarify elements of the interview. Though no participant changed anything after the summary, member checking was helpful in enhancing the trustworthiness of this research (see Birt et al., 2016). Following a specific approach to data analysis and using NVivo to organize the data also enhanced the trustworthiness of the data. Being clear, providing adequate descriptions, and being transparent about the study support the credibility of the results and trustworthiness.

Results

Research Question: What are the Experiences of Counselors Who Provide Counseling Services to Sexual Minorities with a SMI?

Theme 1: Multiple minority stressors. Sexual minorities with a SMI often experience multiple minority stressors due to their sexual orientation and mental health diagnosis (Meyer, 2013). Experiences of multiple minority stressors lead to greater physical issues and affect overall well-being of individuals (Cochran & Robohm, 2015; Mereish & Poteat, 2015). Sexual minorities experience multiple levels of minority stressors that hinder the acceptance process (Mizock et al., 2014). In this study, minority stress can be categorized by two separate subthemes, external stressors and internal stressors.

External stressors. Based on participant responses, external stressors were most evident at work and at school. For example, participants summarized that at work, adult clients have feelings of being different or isolated that can impact an individual's ability to fit in or seek professional advancement. Participant 2 noted:

> And I think it took her a really long time to feel comfortable in the workplace because of the social boundaries there. But I do feel like there was some, you know, some stress there for her. She feels like in some ways promotion wise and advancement wise, she was held back due to being a sexual minority with a SMI.

An individual feeling like sexual minority status or mental health diagnosis hinders professional advancement or connection with peers enhances the lack of trust in the workplace, leading to further stress and marginalization for a sexual minority with a SMI (Hellman, Klein, Huygen, Chew, & Uttaro, 2010).

Further discussed by participants is the similarity between adult clients experiencing issues at work with adolescent clients experiencing stressors and stigma in school. For instance, Participant 1 indicated:

> For the youth, I would say definitely their school has a huge impact. I will say it's like relationship building, friendship. Kind of the normal experiences that you have. But I think they're colored with "but I'm a sexual minority" or "I have a mental illness," or "I'm a sexual minority with a serious mental illness."

Each minority status impacts adolescents' experiences in school, which can lay the groundwork for further development in adult life (Meyer, 2013), and according to the participants in this study, external stressors from multiple minority statuses affect their clients' lives.

Internal stressors. The results also indicated that internal stressors are derived from multiple minority statuses. Participants discussed that during adolescent development, students are learning effective coping skills to work through their minority stressors. However, many sexual minorities with a SMI have difficulty with appropriate coping skills, and this may lead to self-medicating behaviors, self-harm, or even suicide. Participant 6 commented:

> Also, learning coping skills, like "how do I actually deal with this" because she never really learned how to deal with her symptoms of depression or her symptoms of irritability or mania related to that. So I think part of that was really

> on a more basic level, how I actually cope with this where I'm not just turning to my girlfriend or turning to smoking weed or turning to feeling really isolated and depressed.

Regardless of the minority stressors, participants added the internal conflict regarding religious factors compounded these stressors. As Participant 4 identified, "The added stress if, you know, clients were raised in a religious or a household that doesn't embrace differences. The stress of maybe feeling lonely, more so than maybe your average heterosexual person, and not feeling truly accepted."

Through many of the interviews, emphasis was on how the internal stressors continue to impact individuals. Many sexual minorities with a SMI have issues with low self-esteem and self-identity (Meyer, 2013). Using a strengths perspective to overcome self-esteem issues may also support identity development for many sexual minorities with a SMI who have difficulty understanding who they are as individuals. As participants highlighted, there appears to be an impact on sense of identity as clients begin or continue personal identity exploration. Counselors continue to work through the minority stress with clients to solidify a sense of identity. Ultimately, sexual minorities with a SMI have many needs that are a direct result of both the external and internal stressors from the multiple minority statuses they hold (Kidd et al., 2016; Meyer, 2013).

Theme 2: Negative counseling experiences. Sexual minorities with a SMI have negative experiences with counseling that impact current and future counseling services (Kidd et al., 2016; Mizock et al., 2014). Many sexual minorities with a SMI report that counseling services are often inadequate and further stigmatizing, leading to underuse of services (Kidd et al., 2016; Mizock et al., 2014). Often these negative experiences impact sexual minorities with a SMI to seek out future counseling or open up to their current counselor (Hellman et al., 2010; Robertson, Pote, Byrne, & Frasquilho, 2015). For example, Participant 1 noted:

> What I find is that in their effort to establish a relationship like they almost have to check with me to make sure that they're going to get the experience that they're looking for because they've had negative experiences in the past. So bad, they're coming to me already with some negative experiences from the past and looking for affirming counseling.

Participants hypothesized that sometimes negative experiences affect clients' comfort sharing specific topics and issues in session or feeling further stigmatized. Whether clients feel stigma based on their sexual minority status or their mental health diagnosis, it is important that they can feel comfortable. An individual's lack of comfort with identity can perpetuate internalized homonegativity, which can lead to greater mental health issues (Bariola et al., 2017).

Lack of comfort with a counselor can also make a client hesitant to open up (Robertson et al., 2015). Participants focused on how the hesitancy that sexual minorities with a SMI experience in counseling settings inhibits their ability to develop a trusting relationship. As sexual minorities with a SMI have greater negative experiences, they have more difficulty building a trusting relationship with a counselor. As Participant 5 highlighted:

> And if they've had more than one experience like that and several of my clients have, then they are, they're not open to the process and it takes a while to trust. But honestly I think the more bad experiences they've had with the counselor the longer it takes for me to establish trust in and establish a safe environment for them.

Hesitancy and resistance with counseling not only impacts the client but according to some participants also impacts the counselor.

When clients have negative experiences with other counselors, their desire to seek counseling or form a positive relationship may be impacted. Authenticity can help both the counselor and client, and helps create a new relationship (Lamoureux & Joseph, 2014). The experiences of the participants in this study supported that negative relationships impact sexual minorities with a SMI in counseling, which has been supported by other research (Lamoureux & Joseph, 2014).

Theme 3: Family impact. Family support may often be a protective factor to many sexual minorities with a SMI and impact the therapeutic relationship (Seeman, 2015). However, many sexual minorities with a SMI may not be able to rely on family members for support (Luckstead, 2004). Therefore, it is important to connect with family members when possible. Through discussion, having all parties on the same page increases the consistency in and out of the counseling setting and allows for more reinforcement of counseling interventions. However, sometimes family members involved in the client's treatment may contradict the recommendations of counselors and impact the client's recovery. For example, Participant 1 noted, "Their family members have a huge impact on the services and treatment that they receive. It ranges from family members who don't believe in medication at all, and so they're not actively promoting their family members receiving medication management." Therefore, it is important for counselors to explore the role of family support with sexual minorities with a SMI. Even though many sexual minorities with a SMI may find it difficult to rely on family members (Borden, 2014), seeking out the balanced support can help clients with their identity search.

Theme 4: Counselor competency. From participants' responses, it was also evident that the skills of the counselors

are important to provide services to meet the needs of sexual minorities with a SMI. Working with sexual minorities with a SMI, counselors are aware of the skill set that they bring to the counseling relationship. Because many sexual minorities with a SMI encounter negative counseling experiences, it is important for counselors to recognize and understand how their skills impact the sessions. For example, unconditional positive regard is an important aspect for counselors to develop in their relationships with clients (Rogers, 1967). Participants mentioned the importance of having unconditional positive regard as a major strength for counselors providing positive support to sexual minorities with a SMI. Though many sexual minorities with a SMI may not be able to rely on family support, counselors can explore support to increase another protective factor for sexual minorities with a SMI who have unique needs (Hellman & Klein, 2004). For example, according to Participant 5:

> I soon learned that my acceptance and unconditional positive regard for everyone allowed me to just excel in that area. I think it goes back to my ability to unconditionally accept everybody for who they are and where they are.

Similar to unconditional positive regard, empathy is also an important aspect for counselors (Rogers, 1967). Both empathy and unconditional positive regard are important for the counselor to express verbally and nonverbally. To fully empathize with clients and provide unconditional positive regard, counselors need to be present and listen to their clients (Rogers, 1967). Supporting this, participants asserted that counselors can block out distractions and be in the moment with their clients. Doing so can be helpful for counselors working with sexual minorities with a SMI.

One participant discussed how being in the moment and truly listening to the client allows counselors to begin to understand the client's experience and not make assumptions. Instead of assuming what sexual minorities with a SMI are feeling and experiencing, counselors can use their basic counseling skills to validate their clients. For example, Participant 3 identified, "A large part of my role is at times normalizing it for the client but also validating their experience as unique and their own experience." Therefore, listening to, validating, and normalizing the client's experience allows a counselor to build that therapeutic relationship that supports the client outside of the office (Rogers, 1967). Further, according to one participant, sometimes counselors need to be an advocate for their clients, especially when working with sexual minorities with a SMI. Counselors need to remember the skills they bring to the counseling relationship and their role in providing services to sexual minorities with a SMI. These skills can be used to help overcome clients' past negative experiences as well as match the unique needs that sexual minorities with a SMI bring into counseling.

Theme 5: Inclusive environment. As counselors use their skills to combat negative client experiences, it is important to create an inclusive environment that is supportive and safe for sexual minorities with a SMI (Robertson et al., 2015). As Participant 3 stated, "It's important to just create a really inclusive space." Creating an environment of inclusivity can combat the external world where many sexual minorities with SMI experience discrimination and prejudice (Meyer, 2013). Expounding on this, participants discussed the importance for counselors to be explicit when creating a safe environment, an environment that clients know is inclusive even before coming into counseling.

As clients seek and find counselors who promote a safe environment online, it is also important to promote inclusivity in the counseling environment. For example, Participant 6 discussed:

> One thing is like the actual setting up the location in terms of like when the client walks into the office. Like what is in the office, is it geared towards a specific mission. Are the colors really like, are they neutral or are these geared towards a specific population? Are there pictures of people or pictures of people that relate to me? Are there resources only for Whites? Young families? Or are there resources for everybody you know? Are you being all inclusive or not? I think that's something to increase counseling services for [sexual minorities with a SMI].

Overall, there was a consensus that inclusivity and creating a safe environment helps clients feel more comfortable to open up to counselors and even adhere to counseling services. Ultimately, making sure the environment is inclusive of the needs of sexual minorities with a SMI may support more adequate services.

Theme 6: Clinical supervision. For the sixth theme, participants in this study highlighted the importance for counselors working with sexual minorities with a SMI to seek and receive clinical supervision. Clinical supervision is an important aspect of counselor development and a core component of the counseling profession (Bernard & Goodyear, 2013). When counselors are working with sexual minorities with a SMI, relying on clinical supervision is helpful to navigate the various needs of this population.

With the extensive needs of sexual minorities with a SMI, clinical supervision may be used to direct services or to prevent burnout (Bernard & Goodyear, 2013). As one participant highlighted, clinical supervision is also seen as an important transformative process for counselors working with sexual minorities with a SMI. Participant 1 illuminated:

> Supervision for me has been the most transformative process of all of my training and education because it was you know that tandem,

> working with client and processing with a supervisor, working with a client or with a supervisor. Without that I would have not come to some of the realizations that I did about [sexual minorities with a SMI]. I would have not learned how to be a better me for those clients.

Participants highlighted that supervision affords the counselor the ability to be present and more supportive to their clients as well as increase their knowledge of sexual minorities with SMI.

Theme 7: Lack of education and preparation. Perhaps one reason participants expressed that clinical supervision is important when working with sexual minorities with a SMI is due to the lack of education and preparation counselors receive. Counselors do receive training on multiculturalism; however, there is a lack of training and skill development to work with sexual minorities with a SMI (Graham et al., 2012; Kidd et al., 2016), which the counselors in this study supported. Lack of education on a population can lead to ignorance that perpetuates stigma or a lack of confidence to support the population (Graham et al., 2012; Kidd et al., 2016). Sometimes, as pointed out in this study, the lack of training also leads to services that do not meet the needs of sexual minorities with a SMI or further marginalizes the population. As Participant 1 commented, "I think that [the lack of training] definitely needs to be addressed because the experiences of [sexual minorities with a SMI] in counseling, again like my own clients have said themselves, this is not always the best."

Additionally, lack of training may sometimes lead to a lack of comfort or confidence. For example, Participant 3 noted:

> Because I think counselors are uncomfortable. Some counselors are uncomfortable talking about sex and sexual choices and sexual identity. You know I think it will give counselors more knowledge, and with more knowledge and more practice comes a greater level of comfort addressing some of these issues that are just so difficult to address, and they cause discomfort. You know for not only the counselors but also for the clients.

Changing this lack of training is imperative to increase a counselor's competency to work with sexual minorities with a SMI (Mizock et al., 2014); however, training can also be made on a systemic level. As times change and the needs of clients evolve, the profession needs to evolve as well. Because many counselors do not receive adequate training or preparation to work with sexual minorities with a SMI, they often rely on basic counseling skills and making a conscious effort to create a safe environment (Kidd et al., 2016; Mizock et al., 2014).

Theme 8: Active counselor competency. Even though participants highlighted minimal training related to sexual identity or working with individuals with a SMI, they also discussed not receiving specific training to work with sexual minorities with a SMI. As a result, the participants noted the need to seek the education themselves and increase their knowledge. As the participants illuminated, counselors figure out ways to increase their competence to better serve their clients. Participant 1 commented:

> I just kind of, I guess create my own knowledge, bed of knowledge and doing my own research with you know looking up articles and journals and doing my own like self-study of what does this population need or what we have to do to find out information about our clients.

Participants discussed increasing their competence by reading journals and engaging in self-exploration. Some continue to enhance their professional development using other modalities. Additionally, participants highlighted conferences as effective professional development for counselors, especially when seeking knowledge on sexual minorities with SMIs. As counselors continue to seek additional training and knowledge, there is an increase in competence working with sexual minorities with a SMI (Graham et al., 2012). By increasing their competence to work with sexual minorities with a SMI, counselors are conforming with the ACA (2014) *Code of Ethics* as well as working to address the unique needs of this population.

Discussion

The experiences of the participants in this study confirm and extend the findings identified in the current literature. As Scott, Lasiuk, and Norris (2016) noted, the needs of sexual minorities with a SMI are multifaceted. Due to multiple minority identities, many sexual minorities with SMIs experience stress resulting in stereotyping, negative reactions, and stigmatization (Graham et al., 2012; Meyer, 2013; Mizock et al., 2014). These factors were evident in this study and were highlighted in the first theme that emerged from the data analysis. The participants in this study expounded on multiple stressors, both internal and external, that are imposed on sexual minorities with SMIs. Some of the stressors that the participants discussed were self-esteem issues, self-identity issues, lack of coping skills, stigma in school and the workplace, and societal pressures. The internal struggles highlighted in this study are similar to the identity and internalized homophobia that Meyer (2013) has discussed.

Additionally, the participants in this study illuminated the negative impact of past counseling services on recovery for sexual minorities with a SMI. Often, sexual minorities with a SMI feel alienated, stigmatized, and discriminated against,

which leads to a perception of inadequate counseling services (Barber, 2009; Kidd et al., 2016). Many of the participants reported that a negative counseling experience leads to a lack of comfort, acceptance, openness, trust, and a lack of follow up. Furthermore, participants noted that the more negative experiences sexual minorities with a SMI have with counseling, the more difficult it is to build rapport in the counseling relationship. These findings are congruent with Hellman et al. (2010), who concluded that the discrimination sexual minorities with SMIs experience in treatment influences clinical rapport and adherence to treatment.

Along with being aware of negative counseling experiences, it is important to create a safe environment, which the study's findings and previous research support (Hellman et al., 2010). As Robertson et al. (2015) pointed out, many sexual minorities with a SMI have found it difficult to discuss relationship needs with clinical staff due to not feeling safe or fully secure.Therefore, as the participants commented, it is important to be explicit in the acceptance of all people to create an inclusive space and promote a safe environment. These findings support initiatives to improve the mental health of sexual minorities and create a safe space for individuals with a SMI (Robertson et al., 2015). For example, both the CACREP and the ACA have emphasized the importance of counselors being more multiculturally competent to work with individuals who hold a minority status (American Counseling Association, 2014; Council for Accreditation of Counseling & Related Educational Programs, 2016). Additionally, leaders of the ALGBTIC have highlighted skill competencies for counselors who work with sexual minorities and emphasized that counselors should be more mindful and aware of affirming language (ALGBTIC 2013). Last, both the National Alliance on Mental Illness and the Movement for Global Mental Health continue to address stigma associated with mental illness in anti-stigma, stigma free campaigns (Movement for Global Mental Health, 2013; National Alliance on Mental Illness, 2018).

Despite the competencies that counselors are trained to address, issues like past negative experiences and creating a safe environment, literature has indicated a lack of services that meet the unique needs of sexual minorities with a SMI (Kidd et al., 2016; Mizock et al., 2014; Seeman, 2015). Much of the literature supports the idea that the lack of services is directly correlated to the lack of focused training (Lamoureux & Joseph, 2014; Mizock & Fleming, 2011; Sutter & Perrin, 2016). The participants in this study supported this notion by commenting on the lack of specific training they received in their graduate studies. Additionally, the participants reinforced the need for counselors to receive more education and training to increase their comfort level when working with sexual minorities with a SMI. To compensate, the participants noted the importance of taking an active role in gaining competence by attending conferences and trainings, immersing themselves in literature, and speaking to peers.

Although many of the results confirm existing knowledge in the field, there is some information from this study that may contribute new knowledge related to counselors' work with sexual minorities with a SMI. Many sexual minorities with a SMI often find it difficult to rely on family or friends for support (Borden, 2014), but the participants in this study expounded on the impact of family on sexual minorities with a SMI. Participants highlighted the importance of counselors trying to incorporate family into services for more support as many sexual minorities with a SMI are seeking family acceptance, though participants acknowledged how many sexual minorities with a SMI are often neglected by family members, sometimes to the extent of being disowned.

This study also expands on literature pointing out the need for a safe environment. Although Hellman et al. (2010) highlighted the importance of creating a safe environment for sexual minorities with a SMI, counselors working with this population may lack skills to support this environment and the needs of the population. Therefore, this study can provide counselors a foundation of skills that may be effective in creating a safe environment. For example, the participants reiterated the importance of being authentic, empathetic, and providing unconditional positive regard for the client. Additionally, the participants mentioned being present with clients, being open to learning from the client, and having the awareness when additional resources are needed.

Finally, though supervision is an integral aspect of a counselor's development and the counseling profession, there is a lack of research supporting the need for clinical supervision when working with sexual minorities with a SMI. The participants in this study recalled the importance of clinical supervision when working with sexual minorities with a SMI. Participants recounted the experiences of clinical supervision in providing support and additional education as needed.

Limitations

One limitation of this study related to the small sample size. Though a sample size of six meets the recommendations of phenomenological researchers, and the interviews reached data saturation (Fusch & Ness, 2015; O'Reilly & Parker, 2012), the location of participants may limit the study. For example, five of the six participants live in more liberal areas of the country. Though phenomenological research is only concerned about the perceptions and experiences of participants and not about generalizing to the larger population (Moustakas, 1994), perhaps experiences of counselors living in more conservative parts of the country would be different.

Additionally, the participants do not solely work with sexual minorities with a SMI. Therefore, they have different experiences working with various clients. Though participants

were either currently working with sexual minorities with a SMI or have worked with one in the past year, their recollection of their experiences may not be fully accurate. Nevertheless, this research highlights the experiences of this sample insofar as they can recollect the experiences. The experiences of the participants may contain their own perceptions of working with sexual minorities with a SMI; however, the themes of this study match other research and decreases the extent to which this is a limitation.

Finally, a limitation of this study is the role of researcher. As a professional counselor who has worked with sexual minorities with a SMI, it was important to bracket personal opinions before and after each interview to reduce researcher bias (Kafle, 2013). Bracketing personal opinions and ideas was also important for reducing personal bias regarding the results of the study (Chan et al., 2013). Doing so allowed for focus on the experiences of participants.

Future Research

The purpose of this study was to gather and explore the experiences and perceptions of counselors who provide counseling services to sexual minorities with a SMI. From this study, counselors can begin to understand the needs of counselors working with sexual minorities with a SMI. Because the needs of sexual minorities with a SMI are multifaceted (Scott et al., 2016), and individuals with a SMI use an array of support services to improve their recovery (Pratt et al., 2013), a follow-up study focused on the experiences of psychiatrists and advanced practice nurses who work with sexual minorities with a SMI will provide a different perspective. With additional insight and understanding of different perspectives, counselors can have more knowledge of the needs of sexual minorities with a SMI, increasing counselors' understanding of how to best serve this population.

Additionally, the results of this study illuminated the value and impact of family members of sexual minorities with a SMI. Because most sexual minorities with a SMI have difficulty relying on family for support (Borden, 2014; Gamarel, Reisner, Laurenceau, Nemoto, & Operario, 2014), gaining the perspective of family members and the role they play in supporting sexual minorities with a SMI may be helpful. If counselors understand the strengths, barriers, and stories of family members supporting sexual minorities with a SMI, they may have more knowledge on how to best support family members when attempting to incorporate them into their client's support system. Furthermore, counselors may gain a deeper understanding of the struggles that many families have experienced, allowing them to help their clients learn skills to help repair some familial relationships.

Another recommendation of this study is to explore the role of clinical supervision when working with sexual minorities with a SMI. Clinical supervision is important for the professional development of counselors (Bernard & Goodyear, 2013). Moreover, the participants in this study identified clinical supervision as an important aspect of working with sexual minorities with a SMI. Therefore, it may be important to explore clinical supervisors who supervise counselors providing counseling services to sexual minorities with a SMI. Studying the supervisors may highlight specific skills or ethical dilemmas that counselors struggle with, leading to trainings and professional development courses to meet those needs.

As a final recommendation, further research should be focused on developing training that can enhance counselor education and improve the services for sexual minorities diagnosed with a SMI. Though this study may pinpoint areas in a counselor education program where counselors can increase their competence, additional research is needed to gather data that may shape the development of an elective course or certificate for counselors working with sexual minorities with a SMI. Developing a specific course can provide the opportunity to track a counselor's confidence and competence to work with sexual minorities with a SMI.

Implications for Practice and Training

This research study and the recommendations can improve training and education for counselors working with sexual minorities with a SMI. With empirical evidence for counselors and counselor educators, counselors can advocate for better training to provide equal and fair treatment of every individual (Laureate Education, n.d.). Additionally, this study provides information for organizations like the ALGBTIC and the CACREP to advocate for improved counselor education and treatment for sexual minorities with SMI.

Because sexual minorities with a SMI are currently underusing services because they believe the services are inadequate or stigmatizing (Mizock et al., 2014), having better-trained counselors may improve the quality of services and reduce the perceptions of discrimination. With improved services, sexual minorities with a SMI may begin to adhere to counseling services, make better progress, and fulfill their definition of recovery. Increasing the use of services can foster greater well-being for this marginalized and disadvantaged population.

Additionally, the themes identified in this study confirm the literature in the field validates the use of a Husserlian framework. Because a Husserlian framework provides a foundation for participants to describe what they perceive, sense, and know in their immediate awareness and experience (Moustakas, 1994), this study was able to capture the participants' descriptions of their experience to inform my research question. Therefore, future researchers can use a Husserlian framework to structure their studies and gather rich data that will provide a deeper understanding of a topic.

The implications of this study support the notion that individuals experience stress due to minority status as discussed by Meyer (2013) in the minority stress model. Individuals who occupy marginalized minority statuses face institutional and interpersonal discrimination, prejudice, and stigma (Bostwick et al., 2014). The results of this study suggest that sexual minorities with a SMI, holding double minority statuses, face discrimination, prejudice, and stigma. Because this study further validates the minority stress model, researchers can continue to use this conceptual framework to ground future studies regarding marginalized populations.

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