

**APAGS TRAINING VIDEO:**  
**Sexual Orientation and Gender Identity Microaggressions in Clinical Settings**  
**Transcript**

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This webinar, Sexual Orientation and Gender Identity Microaggressions: Recommendations for Clinical Work, is part of a series of webinars presented by the American Psychological Association of Graduate Students Committee on Sexual Orientation and Gender Diversity. The Committee works on behalf of LGBTQ graduate students in psychology and their allies nationwide. The committee provides education, advocacy, and personal and professional development opportunities to ensure the successful graduate experience of LGBTQ and allied students in psychology. We aspire to build, strengthen and empower our members through the use of innovative technologies, collaborative advocacy, and inclusive practice.

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This webinar has three objectives:

- To define what a microaggression is and discuss how it impacts psychological health.
- To provide an overview of sexual and gender identity microaggressions that may frequently occur in clinical settings.
- To identify steps that you can take to avoid using microaggressions in all settings, including when working with clients.

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What are microaggressions? According to Dr. Derald Wing Sue and colleagues, microaggressions are brief verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults.” Microaggressions can be so pervasive and automatic in daily interactions that they may be considered innocent or harmless. However, research has shown that experiencing a microaggression can be detrimental to a person’s psychological health and can lead to chronic stress, depression, anxiety, and lowered self-esteem.

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Microaggressions occur in three distinct ways: microassaults, microinsults, and microinvalidations.

- Microassaults are conscious, deliberate forms of discriminatory practice that are intended to harm, and most closely resemble traditional forms of discrimination. Examples of microassaults would include intentionally calling a person who identified as a sexual or gender minority a derogatory slur, or telling a trans

- person that they cannot use a multiple-stall restroom or rejecting their entry into a multiple-stall restroom when they try to use one.
- Microinsults include snubs, gestures, and verbal slights. One example would be using the phrase “that’s so gay” to refer to something stupid, odd, or undesirable, which is often considered insulting and hurtful. Other examples include asking a transgender person about their gender reassignment surgery, or asking someone in a gay or lesbian couple who plays the “boy or girl role” in the relationship.
  - Finally, microinvalidations serve to exclude, negate, or nullify the psychological thoughts, feelings, or experiential reality of certain groups. An example of a microinvalidation would be assuming that all gay individuals had a difficult experience “coming out,” which is defined as the process through which one acknowledges and accepts one’s own sexual or gender identity to their families.

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Psychologist, Dr. Kevin Nadal, of City University of New York, compiled a typology of microaggressions that are likely to occur against people who identify as sexual and gender minorities. These include:

- Endorsement of heteronormative or gender normative culture and behaviors
- Discomfort or disapproval of LGBTQ experiences
- Assumption of a universal LGBTQ experience
- Exoticization
- Denial of the reality of heterosexism and genderism

Drs. Kimber Shelton and Edward A. Delgado-Romero also identified seven sexual orientation microaggression themes through a qualitative study with self-identified LGBTQ psychotherapy clients. These will also be expanded on further throughout the webinar.

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Endorsement of heteronormative and gender normative culture and behaviors:

Heteronormativity is defined by Smith, Shin, and Officer (2012) as the systemic processes, cultural messages, and institutional policies that advantage heterosexual individuals and disadvantage individuals who identify as LGBTQ. An endorsement of heteronormative or gender normative culture and behaviors occurs when an individual who identifies as LGBTQ is expected to act or be heterosexual or gender conforming. The language mental health providers use toward sexual and gender minority clients can also reinforce notions of appropriate roles and behaviors and may play a part in maintaining social privilege for dominant groups.

Providers should be aware of the potential use of heteronormative, heterosexist, or genderist language, including asking clients questions such as “Do you have a boyfriend/girlfriend?” or “Are you married?” These types of questions may communicate to a client that being heterosexual or gender conforming is the norm or superior. For

example, assuming that someone in a relationship with a person of the opposite gender is straight may be a microinvalidation toward an individual who identifies as bisexual, as it communicates the assumption that all people who are perceived to be in a heterosexual relationship identify as such.

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Endorsement of heteronormative and gender normative culture and behaviors, continued.

Heteronormative and gender normative biases can also be expressed through the recommendations and literature given to clients, including pamphlets and brochures. If these resources only depict heterosexual or gender-conforming individuals or couples, LGBTQ individuals may feel excluded or ignored, or be lead to believe that their needs or concerns are abnormal.

Providers should also be aware of when they may be endorsing a binary culture. A binary discourse produces two opposing categories, where a non-dominant group may be in opposition to the dominant group. For example, using language that insinuates that all individuals identify as either male or female fails to recognize those who may not, which produces opposing cisgender and transgender categories. However, the nature of sexual and gender identities are multidimensional, and care should be taken to avoid language that places one group over the other, or does not acknowledge the fluidity of one's sexual orientation and gender. For example, assuming that a client would prefer to be called a particular gender pronoun may disregard the client's right to self-identify their gender. In general discourse, it is also important to be mindful of how one discusses gender and sexual orientation, and take care to use non-binary language such as "different gender" rather than "opposite gender."

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Discomfort with or disapproval of the LGBTQ experience.

Sometimes people who identify as LGBTQ are treated with disrespect or condemnation. Examples include a direct expression of disapproval regarding someone's sexual or gender identity or acting uncomfortable with same-sex public displays of affection. These forms of microaggressions convey to individuals who are LGBTQ that they should not disclose their identities and that it is unsafe to do so.

One example of this form of microinvalidation that can occur in clinical settings is the avoidance or minimizing of sexual orientation or gender identity. Silencing or active avoidance of LGBTQ issues can be reflected through the evasion of certain topics during sessions. For example, dodging conversations about same-sex relationships, refusing to use certain terms, or referring to one's sexual orientation or gender identity as a 'choice' or 'lifestyle' can all convey discomfort or disapproval of someone's LGBTQ experience. Seemingly supportive language, such as telling a client that they "do not need to worry"

about their sexual or gender identity minimizes the importance of LGBTQ issues in some individuals' lives. Lack of empathy around a client's coming out experiences can also convey discomfort discussing potentially painful aspects of disclosing one's sexual or gender identity. Asking invasive or degrading questions about a transgender person's surgical procedures, particularly if it is irrelevant to the conversation at hand, can also be disrespectful to clients. Providers should be aware of their own discomfort discussing certain LGBTQ issues and how that may have a negative effect on the wellbeing of their clients.

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Assumption of Universality.

An assumption of universality can occur if a heterosexual or cisgender person, defined as a person whose gender identity and gender expression aligns with their assigned sex at birth, presumes that the experiences of all LGBTQ individuals are the same. One assumption that can occur in clinical settings is that an LGBTQ client's sexual or gender identity is the cause of all their presenting issues. This can include things like asking a client with a history of trauma how their sexuality played a role in the trauma, or assuming that symptoms and diagnoses like depression or anxiety are related to identifying as LGBTQ. Such assumptions can convey to a client that you believe their sexual or gender identity is a problem that needs to be treated. Though presenting concerns may, in fact, be related to a client's gender or sexual identity, it is important not to assume that these identities are the sole, or even primary, reason that a person is seeking psychological treatment.

Another common assumption in clinical settings is that all individuals who are LGBTQ need psychotherapy. Clients sometimes report feeling pressured by their therapist to remain in treatment even though they believe they are ready to terminate. Trying to convince a client to stay in therapy based on something that is not the client's presenting concern is likely to make your client feel unheard and misunderstood. It may even inadvertently convey to the client that you believe that they are flawed or incapable of making their own decisions.

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Assumption of Universality, continued.

Other presumptions that may be based on stereotypes include that all individuals who identify as LGBTQ were bullied in school, or that one's sexual orientation is an important aspect of who they are. Beliefs that all individuals who identify as LGBTQ are supposed to act a certain way or have similar experiences can further marginalize clients.

Finally, it is important to note that one's gender expression is not the same as one's sexual orientation. Assumptions that client's concerns in one area (e.g., gender expression) are inherently related to another area, such as sexual orientation, can send a

message that all individuals who identify as LGBTQ are the same. Although this topic is beyond the scope of this webinar, please refer to the APA's Definition Factsheet for more information ([link to PDF here](#)).

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#### Exoticization

Exoticization occurs when individuals who are LGBTQ are dehumanized, treated like objects, or marked as an idealized or exotic other.

For example, an individual who identifies as transgender may feel exoticized if people who are cisgender befriend them simply because of their trans identity, or a heterosexual person may make a comment about a gay man's supposed "fabulous nightlife." Although these statements may be intended to be complimentary, these verbal slights or gestures can be insulting or offensive.

Providers and trainees can learn to recognize when they or others are exoticizing a client or a client's identity. For example, assumptions about clients' relationships, about their "desirability" to others, or references to stereotypical LGBTQ individuals in the media may be perceived as micro-insults.

Additionally providers should avoid treating their clients as tokens for the LGBT community at large. People who identify as sexual or gender minorities are sometimes made to stand as a representative of all LGBTQ people, such as when someone asks one gay-identified individual, "What do gay people think about marriage?" This is another form of microaggression, because it assumes homogeneity within the LGBTQ community. As therapists, it is important to remember that each client has a unique perspective and unique experiences, regardless of how they identify.

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#### Denial of heterosexism/transphobia.

Denial of heterosexism and transphobia occur when an individual who is heterosexual or cisgender denies that heterosexist, genderist, homophobic, or transphobic experiences exist. This denial is an example of a microinvalidation, because it can serve to exclude, negate, or nullify the thoughts, feelings, or experiences of certain groups.

Along similar lines, avoiding or minimizing the role that sexual orientation or gender identity plays in a client's presenting issues is also a subtle form of discrimination that can negatively affect the client-provider relationship. Examples of actively avoiding LGBTQ issues includes therapists who evade discussions, perhaps without realizing that they are doing so, about same-sex relationships and refuse to use words such as "gay," "lesbian," or "transgender." A lack of empathy around coming out as LGBTQ can also be invalidating to clients. It also encompasses disclosing one's sexual or gender identity to others. Providers should recognize when they are conveying to clients that issues related

to sexual or gender identity are not important to discuss, or when they are projecting discomfort talking about sexual or gender identity concerns.

When working with clients, providers should also be open to receiving feedback about their behaviors. For example, if a client points out a comment they perceived to be heterosexist, providers should assess when they may be acting defensively and work to understand why the comment may have been hurtful. Denying potential heterosexist or genderist actions may serve to further marginalize individuals who frequently experience microaggressions.

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Implications for clinical training.

There has been an increased demand for providers who are competent in LGBTQ issues. There is also a need to understand ways to promote anti-heteronormative therapy in training programs.

One potential strategy for addressing the use of microaggressions is to investigate methods for increasing cultural awareness, including engaging with others and challenging your own assumptions around LGBTQ issues. By promoting understanding of what guides your thoughts, feelings, and behaviors toward LGBTQ clients, such training may provide useful insight that can spur lifelong growth and learning.

Doctoral training programs can also encourage students to critique textbooks, popular culture, and other information that may reinforce the sexual and gender binary. By better understanding how one's training, both inside and outside of the profession, may perpetuate discrimination toward and marginalize LGBTQ individuals, trainees can also recognize different forms of microaggressions if and when they emerge.

Finally, training programs can encourage client feedback about therapeutic progress. Clinical outcome questionnaires and outcomes management systems could include standardized scales such as the LGBT People of Color Microaggressions Scale or the Homonegative Microaggressions Scale to assess perceptions of microaggressions during counseling sessions. Through formal monitoring of change and a willingness to have open discussions with clients about their progress, psychologists and trainees can work toward addressing implicit biases and microaggressions.

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Things to consider when working with LGBTQ individuals.

Finally, it's important to remember that although psychologists should always make efforts to reduce microaggressions, it is okay to make mistakes. We may not always say the right things and when this occurs, it's important to acknowledge our own limitations or where we may have additional questions. Becoming a more culturally competent

psychologist takes time, and we hope that this webinar empowers you to examine how some of your own assumptions or language may be communicating microaggressions to clients. We all must start somewhere, but the important thing is to keep moving forward and make progress through continued education. If you don't know, just ask!

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If you wish to explore issues of microaggressions that may occur in clinical settings with a little more depth, we have provided several questions for you to consider by yourself or in a class or peer group:

1. What are some common LGBTQ microaggressions that you may have heard used in clinical settings?
2. How would you encourage others to confront the use of microaggressions in such settings?

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Here are additional resources related to the topic of this webinar:

- <http://www.buzzfeed.com/hnigatu/19-lgbt-microaggressions-you-hear-on-a-daily-basis>
- <http://psychologybenefits.org/2014/02/07/anti-lgbt-microaggressions/>
- <http://www.psychologytoday.com/blog/the-sexual-continuum/200903/unmasking-subtle-heterosexism-microaggressions-and-microvalidations>
- For definitions of common terms used throughout this webinar, please refer to: [http://geneq.berkeley.edu/lgbt\\_resources\\_definiton\\_of\\_terms](http://geneq.berkeley.edu/lgbt_resources_definiton_of_terms)

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References.

Here is a listing of references for the content of this webinar.

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