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Working with LGBT Individuals: Incorporating Positive Psychology into Training and Practice

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Abstract

This paper examines how positive psychology principles can be incorporated into clinical training and practice to work with lesbian, gay, bisexual and transgender (LGBT) clients. LGBT psychology literature has all too often relied on heterosexual and cisgender reference groups as the norm with respect to psychological health, primarily framing the experiences of LGBT individuals through the lens of psychopathology. As a result, strengths that could be ascribed to the LGBT experience have been overlooked within training and practice. While positive psychology is actively being incorporated into clinical and counseling psychology curricula, broadening the paradigm to include LGBT individuals has generally not been included in the discussion. Specific recommendations for training psychologists to incorporate and foster positive social institutions, positive subjective experiences and character strengths when working with LGBT clients and celebrating their unique experiences are provided.

Keywords

positive psychology; sexual orientation; gender identity; clinical training; clinical practice

A central tenet of positive psychology is to recognize the importance of complementary, alternative perspectives on the human experience that depathologize individuals' experiences, beliefs and actions while helping them focus on their strengths (Seligman & Csikszentmihalyi, 2000). As discussed earlier in this series, literature in the past decade on

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lesbian, gay, bisexual and transgender (LGBT)¹ individuals and their communities have demonstrated a broad number of strengths (Vaughan, Miles, Parent, Lee, Tilghman & Prokhorets, this issue), particularly within the past five years. However, the LGBT strengths literature has rarely utilized the terminology of Seligman and Csikszentmihalyi's (2000) three pillar model (See Vaughan & Rodriguez, this issue for a brief overview) or attempted to translate these strength-based findings into initial recommendations for training and practice. Given the heteronormative (Savin-Williams, 2008) and cisgender-normative² assumptions directed toward LGBT clients that often serve to pathologize the experiences of these individuals, positive psychology can serve as a particularly useful framework in clinical training and practice to both recognize and build strengths in sexual and gender minorities (Schneider, 2001; Wood & Tarrier, 2010).

Goals and Structure of the Present Paper

This article serves as the third paper in the present series on LGBT strengths. The first article offered an overview of key contributions from LGBT psychology through the lens of positive psychology (Vaughan & Rodriguez, this issue), while the second offered a large-scale substantive analysis of the psychological literature relevant to the strengths of LGBT individuals (Vaughan et al., this issue). This article uses the framework of positive psychology to provide a theoretical foundation to discuss initial considerations and provide specific examples for integrating these strengths into psychological training and practice with LGBT individuals by addressing the following goals:

1. Connect concepts within the three pillar model of positive psychology to Meyer's (1995; 2003) minority stress model as an integrative framework for training and practice with LGBT clients.
2. Discuss pathways for supporting and utilizing positive social institutions (community strengths) in the lives of LGBT individuals to promote positive subjective experiences (short-term phenomena such as resilience) and character strengths (stable individual strengths such as creativity).
3. Highlight opportunities for recognizing, supporting and facilitating LGBT positive subjective experiences within training and practice.
4. Provide strategies and initial recommendations for assessing, nurturing, and growing character strengths in LGBT clients within training and practice.

Through these initial recommendations, we envision a new generation of training programs and psychologists better equipped to help LGBT clients accept their gender identity and sexual orientation as positives – distinct, worthy, valid and sources of courage and transcendence– while helping LGBT individuals experience themselves and their abilities from a position of affirmation, celebration and strength.

¹We use this term to reference the shared experiences of transgression of traditional gender norms and associated experiences of stigma among sexual and gender minorities (Fassinger & Arseneau, 2007), acknowledging the importance of unique within-and between -group differences (e.g., Moradi, Mohr, Worthington & Fassinger, 2009) that exist within these groups.

²The term cisgender is a term that refers to individuals whose assigned sex at birth is aligned with their gender identity and gender expression (Singh, Boyd, & Whitman, 2010).

The Three Pillar Model and Minority Stress Theory

Consistent with the other articles in this series (Vaughan & Rodriguez; Vaughan et al., this issue), we use the three pillar model of positive psychology (positive subjective experiences, character strengths, positive social institutions) as an organizing framework to discuss the incorporation of LGBT strengths within psychological training and practice. As previously discussed in the other articles in this series, positive psychology literature has almost entirely excluded sexual and gender minority individuals and their unique life experiences (Vaughan et al., this issue). Thus, challenges and opportunities exist in translating the three pillar model into training and practice models that are conscious of the way strengths may manifest and be expressed in the lives of LGBT individuals. One framework that may serve as a particularly useful bridge between positive psychology and strengths-focused LGBT work is the minority stress model (Meyer, 1995; 2003).

Within this model (Insert Figure 1 here), minority status(es) and identity(ies) as experienced by LGBT individuals serves as a context for distal (prejudice events -Box d) and proximal (expectations, concealment, internalized prejudice- Box f) experiences of minority stress. Within the model, the outcomes of this process are substantially influenced by characteristics of one's identity (importance, valence, integration). In addition, the degree to which one possesses individual and community-based resources (such as coping strategies and social support -Box h) can reduce symptoms of mental illness as well as foster positive mental health. In the language of positive psychology, individual-level strengths (e.g., character strengths and subjective positive experiences), along with community-level strengths (e.g., LGBT-affirming positive social institutions) can serve to neutralize the negative impacts of minority stress – thus creating a positive subjective experience of resilience (Herrick et al., 2014; O'Leary, 1998). In some instances, this process may foster experiences of stress related growth (SRG: Park, Cohen, & Murch, 1996) associated with enduring both proximal and distal minority stress. As discussed within positive psychology, these growth experiences can create new strengths that serve as resources for future stress (Seligman, 2002).

Positive Social Institutions

Existing literature on institutions that foster the development of individual-level strengths in LGBT populations (Vaughan & Rodriguez, this issue) has identified several LGBT-affirming physical and social institutions that bear particular relevance for training and practice. This section will focus on LGBT -affirming policies/practices and didactic opportunities within training programs, followed by a more general discussion of other institutions that may serve as resources for LGBT clients (e.g., nonprofit/service organizations, religious organizations).

Institutional Policies

The American Psychological Association (APA) regulates graduate training programs in psychology, including the accreditation of individual graduate programs in counseling/clinical psychology through the Commission on Accreditation (CoA). Although CoA guidelines require programs to demonstrate respect and understanding for diversity that

includes sexual orientation and gender identity (APA, 2013, Domain A5), it also permits religiously-affiliated institutions to offer preferential treatment to members of the same religious community through Footnote 4 (APA, 2013). This footnote permits institutions to discriminate against LGBT individuals within graduate programs in psychology (Whitcomb & Loewy, 2006) by requiring students to endorse codes of conduct prohibiting sexual contact outside of male-female marriage (Smith, 2002). Similar policies may reject the experience of transgender individuals who do not identify with the gender they were assigned at birth (e.g., Wheaton College, 2013–2014). These policies put sexual and gender minority graduate students in psychology at higher risk for being expelled from school for acknowledging important personal and social identities (a key aspect of the character strengths of integrity and citizenship) and romantic relationships (intrinsically associated with the character strength of love). Thus, Footnote 4 represents an institutional policy that is currently at odds with the practices of a positive social institution and casts a negative light on the profession of psychology with respect to LGBT issues.

With the recent completion of a public comment period on the CoA standards, the future of Footnote 4 and its implementation within faith-based programs remains in question. We argue that APA must explicitly forbid discrimination based on sexual orientation (including involvement in same-gender relationships) or gender identity and expression as an essential step in living up to the requirements of a positive social institution. In addition, we believe that it should be a requirement for programs to specifically endorse the Counseling Psychology Model Training Values Statement Addressing Diversity (Council of Counseling Psychology Training Programs, 2009), which provides guidance for the exploration of cultural biases to foster respect in both trainers and trainees.

In addition to supporting more LGBT affirming policies within the APA, trainees and practitioners can use their professional and clinical expertise in psychology to promote awareness of campus and academic policy, advocate for more inclusive campus policies where needed, become aware of local and state laws impacting LGBT lives and engage in advocacy at the federal level (For information on current issues see <http://www.apa.org/about/gr/issues/lgbt/index.aspx>) (APA, 2014). In so doing, psychologists and trainees can directly be involved in positive institutions through behavior that demonstrates a commitment to LGBT clients and communities through advocacy for LGBT-inclusive policies and laws that ensure fair and transparent processes.

Educational Organizations/Institutions

The LGBT strengths literature has discussed training programs, college counseling centers and, to a lesser extent, departmental clinics at professional graduate training centers as potential positive social institutions (Vaughan et al., this issue). Within these settings, psychologists and psychologists-in-training can influence and support policies, practices, procedures, services and resources, that foster individual-level strengths in LGBT clients.

Training programs—The preparation of future psychologists starts with a training model that explicitly incorporates sexual and gender minorities as part of an overall commitment to multicultural and social justice issues. While the APA requires core coursework in

multicultural issues in order to gain accreditation, trainees in graduate training programs have historically reported insufficient knowledge, skills and awareness of LGB Tissues (Phillips & Fischer, 1998), with more recent studies finding persistent gaps in perceived skills in working with this population (Graham, Carney & Kluck, 2012). The APA “Guidelines for Psychological Practice with Lesbian, Gay and Bisexual Clients” (APA, 2012) is a good place for trainees to start learning about the best practices for working with sexual minority clients in a manner that is consistent with a strength-based approach.

In addition to the above-mentioned guidelines, perspectives such as Schrier and Lassiter’s (2010) positive levels of attitude can be incorporated within training programs to promote positive subjective experiences in session with LGBT clients. The first of these levels, *Support*, is found where the basic rights of sexual and gender minorities are held to be immutable and, although some trainees and clinicians may struggle with sexual and gender otherness, they are aware of inherent discrimination and respect the rights of others. *Admiration* begins to move toward a true positive approach as the inherent strength needed to be true to one’s sexual and gender identity is applauded and trainees, as well as clinicians, recognize the need to resolve their own biases. *Appreciation and Nurturance*, the third and fourth levels, describe what can be considered a positive psychological view of sexual and gender identity. These positive attitude levels are encompassed by trainees and clinicians who celebrate diversity, advocate and promote social justice and stand up against adversity (Schrier & Lassiter, 2010), allowing them to model these strengths and contribute to the experience of therapy as a possible positive social institution as part of a lifelong process of becoming a culturally competent psychologist. In doing so, clinicians will recognize the value of utilizing current and affirming language as well as relying upon the most up-to-date clinical recommendations, ethical guidelines and cutting edge LGBT clinical research.

Didactic readings—Several authors (e.g., Godfrey, Haddock, Fisher, & Lund, 2006; Hendricks & Testa, 2012) have called for the inclusion of LGBT identity development models into graduate curricula, along with foundational readings in positive psychology (Parks, 2013). Several such models include explicit references to strengths within diverse LGBT populations (e.g., Berzon, 2001; Brown, 2002; Cass, 1996; Devor, 2004; Morales, 1990) and would serve as particularly powerful readings to foster an initial appreciation of LGBT strengths. Existing teaching resources from the Positive Psychology Center (2007; e.g., syllabi, articles and videos; see www.ppc.sas.upenn.edu) developed for courses in positive psychology may also spark inspiration and provide useful material for initial discussions of the three pillar model.

Within didactic training, attention should also be focused on identifying readings that acknowledge anti-LGBT bias and minority stress (Meyer, 1995; 2003), as well as cultural strengths (Magyar-Moe, 2011) such as love, integrity, fairness, spirituality and resilience (See Vaughan & Rodriguez, this issue, for examples) to provide a balanced viewpoint. Readings on heterosexual identity development (Worthington, Savoy, Dillon, & Vernaglia, 2002) as well as homosexual identity development and the coming out process (Bellonci, 1997; Cass, 1996; Troiden, 1989) would serve as an important supplement to foster open-mindedness and social intelligence in heterosexual and LGBT trainees. As previously mentioned, SRG is an important aspect for consideration when utilizing a positive

psychology framework. An important consideration in studying the coming out process of sexual minorities might also include a discussion of SRG as a means of measuring such growth (Vaughan & Waehler, 2010). Additionally, with regard to heterosexual trainees, they should be encouraged to think about when they realized they were heterosexual, whether they ever questioned their sexual orientation, the privileges they take for granted and their own potential internalized heterosexism as a means of fostering a better understanding of the process of identity development experienced by many LGBT individuals.

Activities and speakers—In keeping with the APA’s accreditation requirements in cultural competency and diversity, activities such as privilege checklists or privilege walks (e.g., see Cooper, 2007; MIT, n.d.; The Transgender Boards, 2005), may help trainees develop greater empathy (a component of the strength of social intelligence) regarding anti-LGBT adversity and challenges that may foster experiences of growth (Magyar-Moe, 2011). Foss and Carpenter’s (2002) work with McIntosh’s (1998) White Privilege Checklist may help students recognize in physical form the unearned privileges they may take for granted through moving forwards or backwards within this checklist in response to specific statements corresponding to privilege and oppression. Utilizing items from the heterosexual or cisgender privilege checklists, statements can be read aloud (e.g., “I can easily find a religious community that will not exclude me for being heterosexual”, “I can be open about my sexual orientation without worrying about my job”, “I can be confident that people will not call me by a different name or use improper pronouns” and “It is unlikely that I would risk my health by avoiding the medical profession for fear of discovery”, see Cooper, 2007; MIT, n.d.; The Transgender Boards, 2005) and trainees may be asked take part in or visualize a privilege walk, or track their privilege on paper. When done as a group course activity, this exercise requires significant trust and cohesion and may require debriefing or adaptation, especially as it may out LGBT trainees within the program. Such exercises may foster a deeper appreciation for the challenges of sexual and gender minorities and allow trainees to contextualize the strengths of clients within the framework of unique experiences of minority stress (Meyer, 1995, 2003).

Consistent with the recommendations of Dillon and colleagues(2004) and Kashubeck -West and colleagues (2008), group discussions about personal biases may be supplemented with LGBT guest speakers or speaker’s panels (e.g., see American Program Bureau, 2013; Matthew Shepard Foundation, 2014) whose lives embody strengths such as resilience, creativity, and integrity; the purpose of which is to foster training experiences around advocacy and ally development for psychologists-in-development (key components of the character strength of fairness). Additionally, in keeping with the APA requirement for graduate diversity training, it is important for LGBT speakers to represent diverse identities and cultural backgrounds, thereby providing students with the opportunity to learn about the impact of intersecting minority identities with respect to discrimination and oppression as well as identifying strengths. In doctoral level clinical training programs, fostering disclosure of personal biases in an environment of safety and support with regard to LGBT issues would be an important facet of sensitizing burgeoning clinicians as to the impact of their own beliefs on the clinical process and help them better understand ways in which their patients’ biases impact treatment and growth.

In keeping with the institutional pillar of positive psychology as it relates to LGBT issues, graduate faculty can also demonstrate how to express strengths by sharing their results from the Values in Action inventory (Peterson & Park, 2009) and modeling the application of faculty strengths in the classroom (see McGovern & Miller, 2008) in ways that may inspire their students to utilize these strengths during practica with LGBT clients. Encouraging students to identify examples of faculty creativity, love of learning and open-mindedness in presenting course content, particularly in the context of topics related to culturally diverse populations are also ways to demonstrate the concept of positive institutions. Additionally, by modeling open-mindedness and bravery, faculty can share their own personal and professional journeys related to acknowledging cultural biases as well as promoting opportunities to discuss how their cultural minority identity(ies) influence the development and expression of individual-level strengths. Student assessment of character strengths may also serve as a valuable tool for self-reflection in preparation for clinical work with diverse populations, allowing them to identify their own strengths and potentially use this knowledge to explore personal biases related to sexual and gender minority individuals (Pettigrew & Tropp, 2008).

Ally/Safe Space programs (e.g., see GLSEN, 2014; The Trevor Project, 2014) have a long history of providing training on terminology/language and identity development while dispelling common myths and assumptions about sexual and gender minorities. Such trainings can be easily adapted to introduce concepts from the three pillar model of positive psychology and empirical evidence of LGBT strengths (see Vaughan & Rodriguez, this issue, for examples). Such trainings may be initially offered to students and faculty within a department, with future iterations provided by advanced trainees as they gain greater knowledge of the literature and experiences with LGBT clients and issues. Such training can then be included in practica through student clinical case presentations and discussions where positive psychology has been utilized as a treatment modality in working with LGBT patients. By reaching out and presenting to other organizations on campus (e.g., Residential and Greek Life, Health Services, Counseling Services), trainees can also deepen their understanding of LGBT strengths while fostering the development of campus offices as future positive social institutions. Such trainings might also be offered to local mental health providers in exchange for Continuing Education Credits, allowing trainees to build professional relationships with others interested in strength-based practice that may serve as resources or referral sources in the future.

Institutional resource lists—Training programs and practitioners should consider developing regularly updated resource lists of positive social institutions that serve the physical and social needs of both sexual and gender minority clients (Magyar-Moe, 2011). As a potential collaboration with local LGBT community centers and/or campus organizations, lists may include local/state laws and campus policies/procedures that promote equal treatment and have policies in place to address discrimination. Institutions such as schools, hospitals, mental health and medical centers, doctor's offices, houses of worship, community centers, student organizations and even retailers that respect diverse sexual identities (fostering the character strength of integrity) and include same-gender partners in policies related to family (acknowledging the support and caring from these

relationships that intersects with the character strength of love), should also be included. Such organizations may also serve as a resource for trainees who would benefit from witnessing the expression of strengths in the everyday lives of LGBT individuals in diverse contexts (e.g., Pride festivals, LGBT advocacy organizations, community centers and Gay Straight Alliances [GSAs]; e.g., see Godfrey et al. 2006). As an example of institutions with demonstrated policies promoting LGBT medical and mental healthcare, the Human Rights Campaign (HRC) has implemented the Healthcare Equality Index (HEI) whereby organizations register and are recognized for their ability to provide care to LGBT individuals (HRC, 2013).

For transgender individuals, organizations and institutions that have policies and forms that respect preferred pronouns/names and have leaders knowledgeable about transgender individuals should also be included in the list of resources. Specifically, physical safe spaces are another sign of trans-affirming organizations (e.g., one-person restrooms/changing rooms), as are physical/mental health care providers with specific knowledge and training on gender-affirming practices. Such practices, when widely publicized, may serve to increase use of health care services and provide opportunities for psychological growth and identity affirmation that foster positive affect and psychological well-being (Beemyn, 2012; Linley, Joseph, Harrington, & Wood, 2006; Snowden, 2013). In all instances, recommendations from sexual and gender minority individuals from diverse cultural backgrounds are particularly valuable to ensure that potential positive social organizations “practice what they preach.”

Challenges to incorporating positive psychology in training—Although graduate training programs, college counseling centers, and department training clinics may already have tight training schedules, many of these suggestions can be incorporated into the current curriculum. For example, reviewing guidelines and participating in a privilege walk may be incorporated into a practicum class or weekly meeting at a practicum site whereas exploration of personal biases might fit into a multicultural class or a point of discussion during supervision. Further, the inclusion of LGBT identity development models may fit into a human development class or multicultural training. Therefore, we encourage faculty and training directors to consider how these suggestions may naturally fit into their program as a lecture, assignment, or opportunity for experiential learning.

The Role of Institutions in Minority Stress

Within the framework of Meyer’s (2003) minority stress model, positive social institutions in the lives of LGBT individuals are important safe spaces where they can receive needed social support for their identities and have the opportunity to learn adaptive coping skills in facing minority stress (See Figure 1, Mental health outcomes – Box i). As such, these institutions can contribute to both subjective positive experiences (e.g., positive emotions, subjective well-being via experiences of acceptance and affirmation) and character strengths (e.g., love, integrity and spirituality for faith-based institutions). These resources may reduce stress-induced mental disorders and/or foster the achievement of positive mental health outcomes such as the positive subjective experiences of subjective well-being and positive emotions through the subjective positive experience of resilience.

Fostering Strengths In-Session with LGBT Clients

Undoubtedly, strength-based approaches to clinical work were already being utilized before the development of positive psychology (Wood & Tarrier, 2010), especially in counseling psychology with its roots in vocational counseling, social justice and healthy adaptation to life challenges (Eggerth & Cunningham, 2012). As students make the transition into early training experiences, in-house (departmental) clinics and university counseling centers frequently serve as first practicum sites that offer the opportunity to work with individuals exploring sexual and gender minority identities (Beemyn, 2003; 2012).

Setting and Paperwork

Consistent with recommendations on LGBT-affirming practice, visual displays that indicate not only inclusion but celebration of these identities and experiences (e.g. safe space stickers, rainbow flags, positive art and/or literature) can set the stage for strength-based practice (Heck, Flentje, & Cochran, 2013) and provide more concrete examples of how psychologists can provide positive subjective experiences beyond affirming language and techniques. However, if a clinician shares an office with someone who is not LGBT-affirming it may be helpful to have removable items such as safe space magnet, to help LGBT clients identify affirming providers.

Intake procedures and paperwork provide other opportunities to use inclusive language and demonstrate respect for diverse identities. Office staff should be trained to ask about preferred names and pronouns and update forms with open questions (vs. checkboxes) related to gender identity, sex, preferred name/pronoun, sexual orientation and relationship statuses and configurations (Heck et al., 2013; Lytle, in press) that ensure any formal contacts (mail, phone calls, voicemail messages, emails) respect these identities. When identifying a client's sexual orientation, the Fenway Institute (n. d.) suggests identification nomenclature such as lesbian, gay, homosexual, straight, heterosexual, bisexual, something else, or don't know. To be even more inclusive, we recommend the addition of pansexual,³ men who have sex with men (MSM), women who have sex with women (WSW), same gender loving, queer and questioning. In addition, if clients are asked to identify themselves by checking a box, it is helpful to also leave a space in which they can identify themselves in their own words. Similarly, clients should be provided with an affirming list of gender identities to choose, including woman, man, transgender (male-to-female [MTF]), transgender (female-to-male [FTM]), gender variant, gender queer, bi-gender and two-spirited. It would also be in keeping with the concept of positive institutions to include intersex as well as male and female when asking about biological/natal sex. Additionally, special attention should be directed to clients who are gender diverse regarding preferred pronouns or if they are more comfortable with gender neutral pronouns such as ze, hir, hers and himself (Trans Academics, n.d.). Such efforts support the character strengths of integrity and hope as well as foster positive emotions (a positive subjective experience) in relationship to help-seeking behavior.

³According to Trans Academics (n. d.), pansexual refers to someone who "is attracted to all or many gender expressions."

Case Conceptualization and Intake Interviews

Case notes and other paperwork should provide sections or headings for documentation of client strengths and life stressors, as well as diagnoses as applicable (e.g., see Snowden, 2013). In other words, a strength-based approach to therapy should not entirely supplant or overlook the presence of distress or mental illness in favor of a one-dimensional view of human experience. Rather, such an approach should seek to integrate positive and negative phenomena that inform the therapeutic process and the therapeutic relationship, as well as provide language by which strengths can be systematically included, developed and celebrated. Given psychology's history of pathologizing LGBT individuals and their experiences, trainees and clinicians are likely to overlook LGBT strengths or struggle to integrate positive and negative experiences (see Wood & Tarrier, 2010). Trainees and their supervisors should continually acknowledge this bias toward pathology and actively devote time and space to the identification and discussion of client strengths that may buffer symptoms and/or bolster positive functioning and resilience (Magyar-Moe, 2011).

Handouts that define and explain the character strengths (Peterson & Seligman, 2004), positive subjective experiences (e.g., resilience, stress-related growth, positive emotions, subjective well-being) and common LGBT positive social institutions may serve as ongoing resources for clients, trainees and supervisors to "think strengths" along with symptoms and diagnoses in the process of case conceptualization. Supervisors may wish to model this strength-based perspective through in-vivo experiences such as role plays of intake interviews and subsequent therapy sessions, case conceptualization, treatment planning and case notes that incorporate aspects of the three pillars in order to demonstrate this integration.

Trainees and clinicians should take care to frame the strength-based approach early within the process of therapy by explicitly acknowledging clients' identifying concerns (which are likely to focus on distress and symptoms) and the likelihood that clients already possesses internal (individual-level) and external (community-level) strengths, allowing them to survive and lead them to courageously seek professional help. Therapy can be explained as a process that identifies, supports and develops strengths with the goal of reducing distress/symptoms of mental disorders and enhancing well-being and overall functioning. General, open-ended questions about strengths, resources and unique abilities may be incorporated into intake interviews and handouts as an initial step in strength assessment. Given that knowledge of LGBT-affirming community resources may vary substantially from client to client (and from community to community), a positive institutional resource list can serve to spark future conversations about the use of community level resources.

LGBT clients are likely to enter into therapy with a variety of negative experiences with family, friends, clergy, school and health care providers, as well as deeply held negative internalized beliefs about their attractions and/or identities. They may be puzzled or surprised by the efforts of a mental health provider to talk about positive aspects of their experience as sexual and/or gender minorities rather than an exclusive focus on distress and diagnosis. They may be initially unable to recognize or imagine that their experience(s) as a member of one (or more) stigmatized/oppressed groups can somehow foster positive experiences or qualities as a result of pervasive negative messages about their identities

within the medical model of mental illness. Additionally, apart from issues stemming directly from their sexual and/or gender identities, LGBT individuals may present for treatment due to a variety of mental health issues. In such cases, the utilization of positive psychology may offer a much-needed perspective in identifying, fostering and utilizing client strengths in the context of treatment of more severe psychopathology.

Assessment

As the systematic assessment of symptoms, distress and diagnoses has become commonplace within professional psychology, it has become increasingly important for psychologists to learn how to use and interpret positive psychology assessment tools. As positive psychology has developed within the past two decades, a number of measures have been developed and/or refined to systematically assess character strengths or positive subjective experiences with direct application to working with LGBT clients. These measures may be particularly valuable when used at multiple points in the therapeutic process to track gains over time in response to specific interventions discussed later within this paper. Unfortunately, few strength-based measures have been developed for, or validated on, sexual or gender minority populations. As such, care should be utilized in identifying language, terms and other assumptions embedded within these measures that may overlook or exclude the unique life experiences of sexual and gender minorities.

With respect to general measures of positive subjective experiences, initial assessment of life satisfaction and subjective well-being of LGBT clients, utilizing measures such as the Satisfaction with Life Scale (Diener, Emmons, Larsen, & Griffin, 1985) and Orientations to Happiness Questionnaire (Peterson, Park, & Seligman, 2005), can provide baseline data and foster discussion about existing sources of meaning, hope, love and positive emotion, including positive social institutions. For clients who share significant histories of overcoming sexual minority stress, clinicians may wish to explore how surviving such experiences may have led to SRG (Park et al. 1996). In honoring the duality of loss or harm that are likely to co-exist with growth, clinicians may wish to use the Coming Out Growth Scale (COGS: Vaughan & Waehler, 2010) to assess the unique personal and social benefits that may have emerged out of common experiences of anti-LGB bias, exclusion, discrimination and oppression. As growth often serves as the pathway by which character strengths and other positive subjective experiences develop, this tool may be particularly useful in exploring patterns of growth that appear to be relatively unique to sexual minorities. (Although this measure may include experiences that are also relevant to transgender individuals, care should be used in utilizing this measure for a population for which it was not developed to assess).

Several existing measures of character strengths have been developed to be used in session or as homework assignments to allow LGBT individuals to think about and explore their individual strengths via long-form assessments. Specifically, the Brief Strengths Test (Peterson, 2007), the Values in Action - Inventory of Strength (VIA-IS, Peterson & Park, 2009), the Values in Action for Young People (Park & Peterson, 2006), Gratitude Survey-Six Item Form (GQ-6: McCullough, Emmons & Tsang, 2002) and the Short Grit Survey (Duckworth & Lee, 2009) are among some of the character strength measures. We

recommend that psychologists first briefly introduce the three pillar model of positive psychology and the concept of character strengths (See Vaughan & Rodriguez, this issue, for an overview relevant to sexual and gender minority populations). Clinicians should then discuss how the results of the assessment will be used for the purpose of bolstering and utilizing the client's signature (most commonly endorsed) character strengths both in session and in everyday life to help them cope with the impact of minority stress (consistent with Meyer's 1995, 2003 work) and to increase overall psychological well-being and functioning. These assessments may be supplemented with measures of sexual minority identity development processes and phases that explicitly assess positive aspects of the character strength of integrity (e.g., the Identity Affirmation and Identity Centrality scales of the Lesbian, Gay, and Bisexual Identity Scale: Mohr & Kendra, 2011) unique to sexual minorities.

Positive Psychology Interventions

Recent meta-analyses on the efficacy of specific positive psychological interventions increasing overall psychological well-being (Sin & Lyubomirsky, 2009) have demonstrated that nearly two-thirds of such interventions generated more statistically significant results than their control interventions, with an overall medium effect size across studies. This same group of interventions had a nearly identical rate of success in terms of reducing symptoms of depression, indicating that strengths-based interventions were equally effective in addressing both the abatement of mental health symptoms and the promotion of positive subjective experiences in therapy.

Positive subjective experiences in session—Within the context of the broaden -and- build model of positive emotion (Fredrickson, 2001), positive subjective experiences temporarily broaden one's thought and planning processes and promote the selection of more adaptive behavioral choices. As substance use disorders and mood disorders are particularly common in sexual minority populations (King et al. 2008), evidence from psychotherapy research on the effect of increases in positive emotion demonstrates reduction in drinking (Vaughan, Hook, Wagley et al., 2011) and positive behavior change in those with depressive symptoms (Walker & Lampropoulos, 2014). These results further support the role of the positive subjective experience of emotion on behavioral changes that go above and beyond remediation of symptoms of psychological disorders for LGBT clients. Complementing the reduction in psychological symptoms, Fredrickson's model (2001) also postulates that the adaptive behavioral choices that stem from increases in positive emotion promote the development of stable new psychological and social resources that embody aspects of character strengths.

Often incorporated into behavioral/cognitive-behavior therapy, emotion-focused therapy, interpersonal therapy and motivational interviewing, the fostering of positive emotions may take a facilitative or more direct (agentic) role in change within the context of therapy (see Fitzpatrick & Stalikas, 2008 for a more in-depth discussion). With the therapeutic relationship as a primary context for the positive emotional experiences such as hope, joy and caring, psychologists working with sexual and gender minority clients are likely to include a focus on activities and in-session experiences that actively support, nurture and

celebrate their clients' identity (ies). We can postulate, therefore, that positive emotions are also likely to be produced in the context of clinical work centered on the signature character strengths of LGBT clients.

Character strengths in session—Exercises focused on identification and innovative applications of signature character strengths (Seligman et al., 2005) may serve as another experiential application for trainees and clinicians that can be easily adapted for LGBT clients. Although all of the twenty-four character strengths embedded within Peterson and Seligman's (2004) model can be applied to the lives of sexual and gender minorities, it appears that several of these character strengths are particularly relevant to the LGBT individuals (see Vaughan et al., this issue) and bear additional discussion as avenues for development in therapy. These include: Creativity, integrity and vitality; love; citizenship and fairness; gratitude; and spirituality.

Creativity, integrity and vitality: As an aspect of the character strength of integrity (Peterson & Seligman, 2004), efforts to support and affirm authentic expressions of self may reduce or eliminate the negative impacts of proximal stresses such as internalized homonegativity and/or cissexism and fears about disclosure. In addition, much of the literature on LGBT identity development has directly linked expressions of integrity (through exploration, self-acceptance, disclosure and/or acceptance by others) with long-term changes in one's overall level of positive affect (e.g., Cass, 1996) – in effect contributing to the development of vitality over the long-term. Honoring the many routes and processes by which sexual and gender minorities seek integrity (e.g., selective disclosure/nondisclosure, rejection of traditional labels, in-persona or virtual environments for contact with LGBT others) may be particularly important in working with clients whose life experiences include complex identities (e.g. racial/ethnic, religious) that may be perceived as conflicting with narratives of coming out as a universally positive, linear process.

Acknowledging same -gender attraction and/or cross-gender identification to a mental health provider may serve as a substantive expression of integrity that deserves recognition as an expression of strength. Additionally, allowing for the exploration and validation of such experiences are consistent with the strength of creativity. Individuals within the LGBT community may have been stigmatized and stereotyped for expressions of enthusiasm, joy and celebration of their identities (e.g., attending LGBT festivals, expressing same-gender affection in public, discussing sexual relationships, gender presentation and rejection of traditional gender roles) that serve as important experiences of pride that should be validated and celebrated in therapy. Clients are also likely to discuss challenges and opportunities related to redefining/re-conceptualizing their relationships with respect to sources of support for their sexual and/or gender minority statuses, providing opportunities for therapists to explore the concept of families of choice with clients who experience the need to create supplemental or replacement families due to rejection and stigmatization within their families of origin.

Love: At the individual level, the experience of having strong, consistent social support from others (including one's therapist) indicates that an individual possesses the character

strength of love (Seligman & Peterson, 2004). Encouraging clients to recognize and explore how they value/deepen relationships with supportive others (love) may serve to foster other opportunities to acknowledge growth experiences in the context of stresses and losses often associated with identity development. Such efforts may also take the form of interest in and efforts to create/build friendships and romantic relationships with others within the LGBT community and may involve strong emotional connections with and valuing of LGBT others as sources of love.

Building on existing therapeutic skills regarding assessing and exploring sources of social support in clients' lives, those who work with these populations should pay specific attention to the importance of exploring and building nonconventional sources of love and support (previous and current romantic/sexual partners, support of family and friends, on-line support), including creative strategies for assessing the degree to which individuals in a client's life can be allies or maybe members of the LGBT community. Individuals who possess multiple minority identities or strong religious identities may wish to identify and develop different support circles for these identities. Institutional resource lists can also be explicitly incorporated into these discussions as providing potential physical locations for likely sources of support/love. Therapists trained in couples and family therapy may wish to add services to their roster that specifically focus on how to build and strengthen families of choice and same-gender relationships to further convey this support for the character strength of love.

Citizenship and fairness: As research has consistently indicated a connection between LGBT identity development and interest in connecting with, and advocating for, sexual and gender minorities (e.g., Riggle et al., 2011; Riggle et al., 2008; Rostosky et al., 2010), clinical work with this population may be particularly likely to offer opportunities to build citizenship (sense of devotion/duty to similar others) and/or fairness (commitment to/advocacy of equal treatment for others: Seligman & Peterson, 2004). Often discussed in terms of finding one's place within LGBT communities and socially identifying with one or more specific subgroup(s), efforts to belong to and connect with similar others should be supported and encouraged. In research on aspects of the character strength of citizenship, Cox and colleagues (2010), found that high levels of affiliation with LGB others among youth was linked to lower levels of internalized homonegativity and may build the character strength of courage and foster positive subjective experiences of resilience the future.

Utilizing institutional resource lists and creating support/therapy groups for those seeking community can be one way to foster this strength, as can efforts to take on leadership/facilitative roles in local organizations that may be small (organizing a film night, volunteering at an event) or larger-scale (running for a position in an organization, creating/moderating an on-line group, developing an faith-based group in one's house of worship). Involvement with social justice efforts on the local and national levels are also likely to support and build the character strengths of citizenship and fairness and may serve as a particularly powerful tool to allow individuals to experience a sense of powerlessness associated with personal or community -based anti-LGBT experiences.

Exploring both the desire to advocate for self and others with LGBT clients, therapists can aid sexual and gender minority clients in identifying issues and organizations they may become involved with as well as recognizing possible risks and benefits associated with these activities. Clinicians' knowledge of local/community issues and relevant events may be particularly important to supporting citizenship, as is the opportunity to model this strength through local or national involvement in LGBT organizations centered on equality.

Gratitude: Interventions specifically focused on the character strength of gratitude (e.g., gratitude visits, gratitude journals, the three good things in life activity: See Seligman et al., 2005) have also been found to produce significant, positive long-term effects on aspects of psychological well-being. Sources of gratitude in the lives of LGBT individuals may be more likely to include individuals with whom the individual has had little direct contact (e.g., public figures who are out as LGBT, individuals they have met on-line), organizations/institutions (e.g., GSAs, businesses), as well as family of origin, family of choice, friends and romantic/sexual partners who have demonstrated kindness, support, recognition and/or offered wisdom relevant to their lives as LGBT individuals. These efforts may take the form of written/in-person expressions of gratitude directed to a specific person (gratitude visits, gratitude journals) or daily reflection for a specific period of time on sources of gratitude and how they fostered this experience (three good things in life). These exercises may be helpful to use with LGBT individuals, particularly those who struggle to identify positive experiences due to internalized stigma and/or chronic experiences of marginalization and oppression.

Spirituality: Encapsulating beliefs about higher purpose/meaning and one's place within the universe (Seligman & Peterson, 2004), strength-based research on LGBT spirituality has been decidedly rare until recently. Although some have linked religiosity with higher levels of internalized homonegativity (Lytle, 2012; Walker & Longmire-Avital, 2013), particularly for non-affirming religious organizations (Barnes & Meyer, 2012), more recent work has suggested that spirituality may serve as a source of resilience and integrity in sexual and gender minorities (Rodriguez & Vaughan, 2013). Results from character strength assessments and discussions of interest/desire and early positive experiences with faith in clients may serve as important clues to identifying if, and how spirituality may serve as an important strength for sexual and gender minority clients. Many clients may be unaware of specific denominations (most Reform and Reconstructionist Judaism Synagogues, United Federation of Metropolitan Community Churches, United Church of Christ) and communities outside of Judeo-Christian tradition (e.g. Buddhist, Hindu, Pagan, Wiccan, Unitarian Universalists) that provide alternative pathways for exploring spirituality that are typically LGBT-inclusive.

Clients involved in more traditional religious communities may be particularly interested in discussing multi-layered experiences that both affirm and exclude aspects of their identities and relationships, while exploring with their therapists if and how such participation is supportive of this character strength. Encouragement and respect for individual decisions regarding involvement in faith communities is seen as particularly important as many LGBT individuals received strong, and often conflicting, messages regarding the dogmatic

adherence to specific faith traditions and the conflict between religious/spiritual and LGBT identities. (See Rodriguez & Follins, 2012 for more information regarding religion and spirituality in transgender lives).

Challenges to incorporating positive psychology in practice—Although many of the examples provided in this paper focus on using positive psychology with LGBT individuals to address concerns with adjustment and how to enhance their character strengths, this approach can also be applied to more severe mental health concerns such as suicide. Evidence suggests that high proportions of LGBT individuals report having a history of suicidal ideation and/or attempts (Clements-Nolle, Marx, & Katz, 2006; King et al., 2008); however, research rarely considers the protective factors against suicidal behavior among LGBT individuals. According to Davidson, Wingate, Sligh, and Rasmussen (2010), the character strength of hope may buffer against such risk factors for suicide as thwarted belongingness (i.e., not feeling connected to others) and perceived burdensomeness among Black adults. As previously mentioned, Cox and colleagues (2010) reported that LGB youth who had a LGB affiliation had less internalized homonegativity, and this research suggests that fostering LGB community (i.e., positive institutions) may influence such positive traits as courage and resiliency. Similarly, scholars also found that the resolution of internalized homonegativity among gay and bisexual men was associated with less or no: distress, stress, and intimate partner violence among other positive outcomes (Herrick et al., 2014). Therefore, character strengths such as hope and courage may protect LGBT individuals from negative mental health outcomes.

Special Considerations in Nurturing Transgender Strengths

With regard to transgender clients in therapy, Carroll and Gilroy (2002) as well as Israel and Tarver (1997) state that simply allowing transgender clients to talk about their concerns and experiences serves as a first, vital component of strength-based transgender-affirming practice. This is particularly important as disclosing and exploring their identity development (and fostering integrity) is not something transgender clients are often permitted to do. Clinicians should also consider following the recommendations made by Hendricks and Testa (2012): To disclose their level competence for working with transgender individuals to their clients, to seek consultation from experts and supervisors and to enhance their knowledge and awareness through interacting with transgender individuals and utilizing educational resources. Psychologists should also abide by the ethical principles of beneficence and nonmaleficence as well as be aware of their boundaries of competence – at times it may be more affirming to refer LGBT individuals to a clinician with more experience and expertise (APA, 2010).

Although the APA guidelines for working with transgender and gender-variant individuals have not yet been published at the time of this writing, Singh and colleagues (2010) provide information specific to working with transgender clients within a counseling framework and their chapter is a valuable resource, not only for the material included but the references to other agencies and organizations that focus on the unique needs of transgender individuals that may serve as positive social institutions for transgender clients. They agree with other authors (e.g., Carroll & Gilroy, 2002) that the competent clinician must confront internalized

negative attitudes they might hold toward transgender clients (Singh et al., 2010) which may include fixed and binary conceptualizations of gender (male/female), as well as difficulty identifying strengths in transgender individuals that must be confronted with an exploration of one's own belief systems and whether those beliefs may negatively impact their ability to render treatment. Fluidity (both in terms of sexual and gender identity) forms the crux of transgender individuals' identities and belief systems and can be viewed within the context of the character strength of creativity as evidence of the original and adaptive ways these individuals experience, shape and describe their lives. For the treating clinician to be ignorant of, and insensitive to, these issues does a disservice to the treatment process and the therapeutic relationship, as well as potentially maintaining the history of pathologizing transgender identities.

In addition, providing resources such as information about local and on-line transgender-specific groups, potential sources of funding for those who wish to pursue gender-confirmation surgery (e.g., the Jim Collins Foundation, 2014; see <http://jimcollinsfoundation.org>) and information about local laws and policies pertaining to the rights of transgender individuals may promote positive subjective experiences. For clients interested in the transition process, it may be helpful to show this individual how to access the World Professional Association for Transgender Health Standards of Care (Coleman, 2011) and make the client an active partner in the process of creating a strength-based treatment plan that centers creativity as well as building and expressing integrity.

Minority Stress and Strengths in Therapy

While clinicians who work with LGBT individuals would be well advised to consider the impact of minority stress and utilize a strength-based approach via principles of positive psychology, clinicians must face the reality that LGBT individuals will present with mental health issues similar to their heterosexual counterparts. In fact, their LGBT clients' mental health concerns may transcend issues of sexual and gender identity. That is not to say that there may not exist a reciprocal relationship between clients' mental health issues and their sexual and gender identities, but clinicians must be trained and ready to treat the individual holistically, neither negating nor over-ascribing the impact of the reciprocal relationship. For patients who present with a specific mental illness diagnosis, clinicians should be trained and prepared to treat the presenting complaint. However, embedded in the diagnosis, one might find that the genesis or exacerbation of symptoms stems from identity conflict and/or minority stress. Linking minority stress with a strength-based approach to treating the mental health disorder may serve to promote and foster growth by helping the LGBT individual recognize the positive attributes of their sexual orientation and gender identity. Treatment of mental illness utilizing positive psychology has been promoted by several authors (Gavez, Thommi, & Ghaemi, 2011; Gonsiorek & Rudolph, 1991; Moyer, 2007; Resnick & Rosenheck, 2006; Sin & Lyubomirsky 2009). Therefore, integrating a strength-based approach to treating mental illness that includes attention to positive aspects of sexual and gender identity may help alleviate or improve mental health outcomes for LGBT clients.

Additionally, connecting the links between the pillars of positive social institutions, subjective positive experiences and character strengths within the framework of minority

stress theory (Meyer, 1995; 2003), clinicians may envision themselves as guides in navigating the pathways within this model. Identifying and fostering the exploration of minority status(es) and identity(ies) will offer sexual and gender minority clients the opportunity to explore their universal desire for integrity and experience positive emotions (joy, interest, hope). Within the context of the challenges of experiences of oppression and discrimination, as well as internalized anti-LGBT attitudes, therapists can contextualize these experiences as having both the potential for harm and growth, creating losses as well as gains through the experience of SRG. Through the identification of existing community-level (positive social institutions) and individual-level resources (character strengths and subjective experiences) as well as strategies to build and enhance these strengths in therapy, psychologists can directly support the phenomena of resilience. Creating and strengthening these resources is likely to lead to reductions in symptoms of psychological disorders and promote positive outcomes such as higher levels of subjective well-being, life satisfaction and thriving, consistent with similar assertions found within the literature on positive psychology practice (Herrick et al., 2014; Seligman, 2002; Sin & Lyubomirsky, 2009).

LGBT Strength-Based Training and Practice: Initial Recommendations

Given the host of considerations presented in this paper regarding the integration of the three pillar model of positive psychology into training and practice centered on LGBT clients, and the historical view of sexual and gender minorities through a lens of pathology, we conclude this paper by offering a number of initial recommendations for training programs and practitioners regarding strength-based approaches in clinical settings.

- Clear indication in program brochures or promotional literature of educational/training offerings/opportunities specific to LGBT issues.
- Development and systematic incorporation of education and training in both strength-based models of sexual and gender minority development and foundational theory of positive psychology into core training curriculum.
- Didactic coursework should focus on the presentation and discussion of treatment case material synthesizing sexual and gender identity and the three pillars into clinical procedures and practices with LGBT clients (including, but not limited to forms, case notes/case conceptualizations, assessments and interventions).
- Didactic coursework and clinical training should, additionally, focus on consideration of the unique experiences of diverse sexual and gender minorities on the recognition, manifestation and expression of strengths, as well as implications for strength-based assessment and interventions with these populations.
- Clinical training utilizing positive psychology as a primary theoretical stance should be developed to assist the training clinician in understanding and fostering the signature strengths in the lives of sexual and gender minorities, along with strategies to support, build and celebrate these strengths within diverse populations.
- Clinical training should promote the ability to integrate strength-based models and practices into clinical practice in ways that also acknowledge the unique stressors and mental health problems of sexual and gender minorities.

- Identification of and collaboration with treatment sites specializing in or sensitive to working with and treatment of LGBT individuals and whose policies reflect that specialization.

Conclusion

Within the past two decades, positive psychologists (i.e., Seligman & Csikszentmihalyi, 2000) amongst others have called for a greater focus on strengths and this framework can help clinicians recognize and celebrate the positive aspects of LGBT life experiences. Although faced with a formidable challenge, the field of psychology has a unique opportunity to lead the way in developing a more theoretically- and empirically-based understanding of LGBT strengths that may be broadly drawn upon in training and practice settings for decades to come. Building on our commitment to understanding, nurturing and celebrating the capacity for positive adaptation and psychological health, as well as an understanding of cultural context, we have the potential to create a more explicit dialogue about how differences with respect to sexual orientation and gender identity can enrich the lives of LGBT individuals and their communities.

We believe that by incorporating positive psychology into the training and practice of professional psychology, the next generation of clinicians will not only have increased knowledge and awareness of LGBT individuals but will also develop the skills to provide high quality strength-based LGBT therapy. Although the present recommendations serve as an initial template, a strength-based approach to LGBT training and practice hold promise for creating opportunities for sexual and gender minorities to thrive in their everyday lives.

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Figure 1.
Minority stress model (from Meyer, 2003)