Supervisors' Guide to Coaching Staff on Talking about Sexual Orientation and Gender Identity

Critical to holistic and accurate care is knowing who our clients are, what their families and support systems look like, and what their needs and strengths are. This reality dictates that we ask our clients how they identify their sexual orientation and gender identity (SOGI). Knowing who identifies as LGBTQ+ can help providers understand what types of services the client needs, such as clinical programs focused on repairing experiences with discrimination, help with increasing family support, gaining access to gender-affirming care, or support groups to connect to other LGBTQ+ people.

Studies show that LGBTQ+ people have a much higher likelihood of experiencing symptoms of depression; anxiety; suicidal ideation;[i] and negative quality of life outcomes, such as homelessness[ii] and poverty.[iii] These outcomes are linked to the pervasive stigma and discrimination that LGBTQ+ people navigate throughout their lives. Research also shows that LGBTQ+ people are less likely to access care because of experiences with discrimination, including in clinical settings.

Too often in clinical practice, we assume a client is a straight cisgender person. This is expressed in different ways, such as asking someone if they have a husband or wife, or assuming they go by certain pronouns. We may believe that if someone identifies as lesbian, gay, bisexual, or transgender (LGBT) they will simply correct our assumption. However, this approach puts the client in the difficult role of having to address the therapist's biased assumption, which is not how one should go about developing trust.

Research has shown that some of the major barriers to prioritizing SOGI data collection include:

1 The misconception that patients do not want to answer these questions;[iv]

2 The inability of most Electronic Health Records (EHR) to accommodate structured SOGI data;[v] and

3 The lack of best practices and supportive guidance on collecting SOGI data.[vi]

A national study of healthcare providers (including but not limited to behavioral health providers) showed that a majority of clinicians rarely or never talked to their patients about sexual orientation (55.4%) or gender identity (71.9%), mostly due to believing that the topics were:

1. Not relevant to care;
2. Concerns with making the patient uncomfortable or offending the patient;
3. Lack of experience; and
4. Not knowing the appropriate language for talking about the subject.

The purpose of this guide is to provide clinical supervisors with comprehensive insights and strategies for coaching their staff on effectively discussing sexual orientation and gender identity (SOGI) with clients.

Defining Sexual Orientation and Gender Identity

To effectively discuss SOGI with clients, it is crucial to have a clear understanding of these concepts. Sexual orientation refers to an individual's enduring pattern of emotional, romantic, and/or sexual attractions to men, women, more than one gender, or no genders. Common sexual orientations include gay, lesbian, bisexual, straight, and asexual. It is important to recognize that sexual orientation exists on a continuum and can be fluid or change over time.

Gender identity, on the other hand, refers to a person's deeply held sense of their own gender, which may or may not align with the sex assigned to them at birth. While many individuals have a gender identity that corresponds with their sex assigned at birth (cisgender), some individuals identify as transgender, meaning their gender identity differs from their sex assigned at birth. Transgender individuals may identify as man/boy, woman/girl, non-binary, no gender, or many genders.

For an extensive glossary of terms, review our Glossary of Terms. You may also watch our short animation on Learning About Sexual Orientation, Gender Identity, and Expression.

Addressing Personal Biases and Assumptions

Creating an inclusive and affirming environment starts with self-reflection and an honest examination of personal biases and assumptions. Clinical supervisors should encourage staff to explore their own beliefs, attitudes, and potential biases regarding SOGI. This process involves recognizing and challenging any stereotypes, prejudices, or misconceptions they may hold.

Supervisors can facilitate open and non-judgmental discussions where staff can share their thoughts and experiences related to SOGI. By fostering a safe space for reflection and growth, supervisors can help staff identify and address their biases, thus promoting a more inclusive and affirming approach in their interactions with clients.

Establishing a Safe Space for Clients to Discuss their SOGI

Creating an inclusive and affirming environment requires obvious allyship and, often, changes to everyday practice. This can be accomplished through several strategies:

Welcoming Language: Use inclusive language in all forms of communication, including intake forms, written materials, and verbal interactions.

Visible Support: Display symbols of inclusivity, such as LGBTQ+ pride flags or posted non-discrimination policies, in waiting areas or therapy rooms. This sends a clear message to clients that their identities are respected and affirmed in the therapeutic setting.

Confidentiality and Privacy: Emphasize the importance of confidentiality and privacy when discussing sensitive topics related to SOGI. Assure clients that their personal information will be treated with utmost care and that their privacy rights will be respected.

Staff Training and Education: Provide ongoing training and education for staff on LGBTQ+ cultural competence. This includes understanding the unique challenges faced by LGBTQ+ individuals, familiarizing staff with appropriate terminology, and discussing best practices for affirming care.

For more information on steps you can take to create an LGBTQ+ affirming environment, review the resource, Supporting the Behavioral Health Workforce to Implement Best Practices for LGBTQ+ People.

Supporting Staff's Understanding and Awareness

Clinical supervisors play a crucial role in supporting their staff's understanding and awareness of SOGI. This can be achieved through various means:

A   Education and Resources: Provide staff with access to educational materials, articles, books, and reputable online resources that offer accurate information and promote understanding of diverse sexual orientations and gender identities. This allows staff to continuously expand their knowledge base and stay updated on emerging research and best practices.

B   Professional Development Opportunities: Encourage staff to participate in workshops, conferences, and trainings focused on LGBTQ+ issues in mental health care. These opportunities enable staff to enhance their skills, broaden their perspectives, and learn from experts in the field.

C   Consultation and Supervision: Offer regular opportunities for staff to engage in supervision or consultation focused on discussing SOGI with clients. This allows for case discussions, guidance, and feedback from experienced supervisors that promotes continuous learning and growth.

D   Peer Support and Collaboration: Encourage staff to engage in peer support and collaboration, creating an environment where they can share insights, exchange ideas, and learn from one another. Establishing a culture of mutual support and learning helps to foster a more inclusive and affirming work environment.

By actively addressing personal biases, establishing a safe space for clients, and supporting staff's understanding and awareness, clinical supervisors can create an inclusive and affirming environment where clients feel respected, validated, and empowered to discuss their SOGI openly. Such an environment lays the foundation for effective therapeutic relationships and enhances the overall well-being of clients from diverse backgrounds.

For free trainings that you and your staff can access to increase LGBTQ+ competency, visit the Center of Excellence on LGBTQ+ Behavioral Health Equity's Page on Self-Paced E-learnings.

Recognizing Intersectionality and Its Influence

Cultural competence and sensitivity encompass a deep understanding and appreciation of the intersecting identities and experiences that shape an individual's life. Recognizing the concept of intersectionality is crucial when discussing SOGI, as these identities can intersect with the individual's other identities, such as race, ethnicity, religion, age, disability, and socioeconomic status.

Supervisors should encourage staff to approach clients from an intersectional lens, acknowledging the multiple layers of identity and how they can impact an individual's experiences and needs. This understanding helps staff provide more nuanced and comprehensive support to clients, recognizing the unique challenges and strengths they may face due to their intersecting identities.

Familiarizing Staff with LGBTQ+ Terminology

Supervisors should ensure that staff are well-versed in LGBTQ+ terminology to facilitate effective communication and demonstrate respect for clients' identities. This includes understanding terms such as cisgender, transgender, non-binary, genderqueer, and gender-affirming and understanding sexual orientations like lesbian, gay, bisexual, pansexual, and asexual, among others.

Regular training sessions and educational resources can help staff familiarize themselves with appropriate terminology. It is important to emphasize that language evolves, and supervisors should encourage an ongoing commitment to staying informed about new terminology and respectful language use.

The glossary of terms and animation short referenced above are resources that can help with familiarization.

Understanding the Impact of Stigma and Discrimination

Clinical supervisors should emphasize the profound impact of stigma and discrimination on the mental health and well-being of LGBTQ+ individuals. By promoting awareness among staff, supervisors can foster empathy and understanding towards the unique challenges faced by this population.

Supervisors should encourage staff to approach discussions related to SOGI with this understanding, recognizing the potential trauma and discrimination clients may have experienced. This understanding helps staff create a safe, trauma-informed, and validating environment, where clients feel supported and understood.

Furthermore, supervisors should guide staff in identifying and challenging their own biases and assumptions that may contribute to the perpetuation of stigma and discrimination. This self-awareness allows staff to provide more compassionate and affirming care to clients, minimizing the potential for re-traumatization or harm.

For information on how stigma and discrimination has impacted older LGBTQ+ adults, review the animation, Providing Equitable and Affirming Care to LGBTQ+ Older Adults.

Using Inclusive Language

Using inclusive language is crucial for effective communication when discussing sexual orientation and gender identity. Supervisors should guide staff in adopting inclusive language practices, which include:

- Avoiding assumptions about a client's sexual orientation or gender identity. Instead, allowing clients to self-identify and express their identities in their own words.

- Being mindful of the pronouns and forms of address used when referring to clients. Staff should use the appropriate pronouns based on the client's self-identification and ensure they are using gender-neutral or non-binary pronouns when appropriate.

- Challenging heteronormative and cisnormative language or assumptions that may exclude or marginalize LGBTQ+ clients. This includes avoiding phrases or questions that assume clients' identities, relationships, or experiences are based on a binary understanding of gender and sexuality.

- Being open to learning from clients and recognizing that individuals may use different terms or language to describe their experiences. Staff should be receptive to this diversity and adjust their language accordingly.

For a resource on updated terminology, review Language Guidance when Serving LGBTQ+ Populations.

Best Practices When Asking About Sexual Orientation and Gender Identity

When asking people about their SOGI, it is important to normalize the request. For instance, a clinician might say, "I am going to ask you some questions that I ask all my clients as it is important for me to get to know you so I can best help you. Your answers are private, and I will not share this information without your consent." It would also appropriate to ask this when working with youth when going over standard developmentally appropriate discussions about the limits of confidentiality. In most settings, parents or the child's caregiver will be registering the child and may not know the child's SOGI yet. It is therefore important to ask all children and adolescents about their SOGI when meeting with them alone, so they have the opportunity to share their SOGI even if this is not the reason why they are being referred for treatment.

Clinicians should also ask whether the LGBTQ+ person wants this information entered into the Electronic Health Record (EHR) after a discussion about who has access to this information, including their parent or guardian. Keep in mind that disclosure of a person's SOGI to their family or people in charge of their care/resources can potentially put them at risk of physical, emotional, or financial harm, so asking for consent is critical. It is also recommended to ensure that all local and federal minor consent and privacy laws are understood and followed.

Asking youth about sexual orientation: this would typically be asked around the time the youth is entering puberty and they are developing romantic and sexual interest in others. Most clinicians working with youth will ask the client if they are dating someone or have someone they like romantically. By asking the question in an open-ended way without specifying the sex of the person they are dating or romantically involved with, the clinician is already providing a safe space for the youth to reveal their SOGI as you are not assuming that because they are a boy, they would have a girlfriend, for instance. For older teens, you can be even more direct by simply asking:

- Do you have someone special in your life?
- What kinds of things do you do together?
- Are you sexually active? With whom?

Notice that none of these questions has assumed the sex of the person they are involved with. LGBTQ youth will be very aware that the clinician has not assumed the youth identifies as straight. You can then be more specific by asking,

- Are you sexually attracted to boys, girls, both, neither, another gender, or are you not sure?

Asking youth about gender identity: Gender identity forms at a young age. Typically, by age three a child will be able to label their own gender.[vii] Some children will engage in gender non-conforming behavior before starting elementary school.[viii] For this reason, it is important to start asking about gender identity as early as age three. Here is an example of how to ask a child about their gender:

"Some kids feel like a girl on the inside, some kids feel like a boy on the inside, and some kids feel like neither, both, or someone else. What about you? How do you feel on the inside? There's no right or wrong answer."

For a readiness checklist on collecting SOGI information, review [Readiness to Safely Collect Sexual Orientation and Gender Identity (SOGI) data](#).

Key Recommendations for Providing Clinical Care to LGBTQ+ People

- Promote self-acceptance and self-esteem: Encourage staff to help clients explore and embrace their sexual orientation and gender identity, fostering self-acceptance and positive self-esteem.

- Validating the client's experiences: Acknowledge and validate the unique experiences and challenges faced by LGBTQ+ clients. Staff should listen attentively, provide empathy, and normalize their experiences when appropriate.

- Encourage exploration of identity: Support clients in exploring their sexual orientation and gender identity, providing space for self-discovery and reflection. Staff can assist clients in developing a clearer understanding of themselves and their unique identities.

- Normalize the process: Normalize the process of identity development and exploration, emphasizing that it can be fluid and nonlinear. Staff should help clients understand that questioning, uncertainty, and evolving identities are a natural part of the journey.

- Provide resources and referrals: Equip staff with resources and referrals to LGBTQ+-affirming support groups, community organizations, or specialized therapists who can provide additional support during the identity development process.

- Facilitate a strengths-based approach: Encourage staff to focus on clients' strengths, resilience, and coping skills. This approach empowers clients to navigate challenges related to their SOGI while building a positive sense of self.

- Collaborative goal setting: Engage clients in collaborative goal setting, empowering them to identify and work toward their own therapy objectives. This approach respects clients' autonomy and ensures their active participation in the counseling process.

- Recognizing cultural and religious considerations: Be sensitive to the cultural and religious backgrounds of LGBTQ+ clients. Staff should work collaboratively with clients to integrate their identities, values, and beliefs into the therapeutic process, ensuring their cultural and religious considerations are respected.

These approaches can foster a therapeutic environment where clients feel validated, supported, and empowered to navigate their personal journeys with authenticity and resilience. For more information on trauma-informed care with LGBTQ+ populations, review the LGBTQ+ Trauma-Informed Care Infographic.

Questions Staff Might Ask While Serving LGBTQ+ People

How do I ask someone about their pronouns?
Pronouns can be asked at intake along with other demographic information. It is also recommended that you offer the opportunity to provide pronouns when you first meet people. Either individually or in large meetings, introductions can be something like, "Hi, my name is Sophie, and I use she and her pronouns. What do you go by?" In the moment, the person may choose to share or not, but at least the opportunity was given, and you have identified yourself as a competent and safe person should they need you.

What do you do when someone uses a term or identity that you are not familiar with?
Always ask the person what the word means to them. Document their identity as they describe it, not as you think it should be. Also, take some time to educate yourself on the term or concept. For an updated glossary of terms, review the glossary of terms from the National SOGIE Center.

What do you do when someone asks you a question about SOGI that you don't know the answer to?
Respond positively and tell them that you don't know the answer and that you will look into it and get back to them. For example, "That's a good question. I don't know but let me look into it more and get back to you." Make sure to follow up and get them a timely response.

What if the youth or parent gets mad that I am asking about SOGI?
Ideally, these questions are asked in conjunction with other demographic questions. It is best practice to inform people that you are going to ask them questions about their demographics and identities, that it is asked of everyone, and that they can decline to answer questions if they wish. Individuals may respond defensively if they feel you are targeting them for some reason. If you ask all people these questions, responding to this

becomes easier because you can share that you ask this of everyone. You could respond by saying: "I ask these questions of everyone. I want to make sure you, and the other individuals I interact with, feel respected and supported, so it's important to ask everyone these questions rather than just making assumptions. I want to learn more about you from you."

You also might say: "You may not identify as LGBTQ+, but you may know someone who does and, if so, you may have seen that they have a harder time at school, home, and/or in the community due to being treated differently/mistreated about their identity. We recognize that LGBTQ+ people are more likely to be rejected or targeted. We ask this question so that we know what supports best meets each client's needs."

What do I say if they don't know what gender identity means?
You can respond by saying: "We all have a gender identity. It's our internal sense of being a boy/man, girl/woman, both, or something else. We want to make sure everyone is getting the right supports, so we ask everyone how they identify. Do you have any questions about this?"

What about the youth's privacy?
Ensure that there are protocols in place to collect SOGI data that also safeguards the confidentiality of the young person. For example, the SOGI information can only be seen by the current clinician and their supervisor and must be updated when a new provider is assigned.

Always ask the young person if they are comfortable with their SOGI being documented in the system. Let them know how the information is used, who has access to the information, and how they can make updates to the information.

Also ensure that you and your staff know about the privacy laws and protections for minors, as they vary by state.

What if their name and pronouns change frequently?
You should begin to use the name someone is currently asking you to use as soon as they ask, even if you do not understand the change or trust that the change in their identity is permanent. Understand that every individual has a SOGI, and their identity may naturally evolve as they develop language or discover more about their identity. Staff should revisit the conversation around how the youth is feeling on a regular basis, asking young people about any changes with their pronouns, name, and significant other/crushes/special someone who is more than a friend.

What do I do if an individual's parent or other relative wants me to call their family member by their legal name, against the individual's wishes?
When there is conflict, ask the person you are working with how they would like you to refer to them around their family, etc. If they would like you to use their chosen name and pronouns, then it is appropriate to continue to do so. If someone challenges you on it, one appropriate way to respond is by sharing that we know from the research that individuals do best when they are affirmed and supported. Therefore, it is the practice of staff to use the name and pronouns that the individual states affirm them.

If others knowing the client's identity poses concerns for safety or potentially harming relationships the client has, ask the client how they would like to proceed. Information about SOGI is personal, and the decisions about who to share it with and when to disclose are up to the LGBTQ+ person. If the client would like to share their information, regardless of the

outcomes, then services and supports should be offered as appropriate. For example, if there is a safety concern, staff should follow standard protocols to ensure the client is as safe as possible, especially if the client is a minor. If the client feels the information might harm their relationship with family, it is appropriate to seek services that will help educate the family. In some cases, clinical programs for families may be necessary.

Mandated reporting laws vary greatly by state. Clinical supervisors should ensure that staff are familiar with local mandated reporting laws and how to discuss them with clients.

What do I document if someone comes out to me, but they aren't out to other people?
In general, decisions to document this information should be informed by the individual's wishes, an understanding of who they are out to, who they feel it is unsafe to share this with, who will see the information if documented, and how relevant the information is to care planning. Individuals should also be informed in advance about who will have access to documented information. Staff should also consult their agency's documentation policy.

What if I have to use the legal name on documentation?
It is very rare that documentation needs to have a person's legal name on all documentation. In the rare occasion that a legal name is required, it is best to write the person's chosen name and pronouns first, then follow it with "also known as" and their legal name. When this occurs, make sure the client knows who has access to this document. For example, is this going on a court report that will be read aloud or a referral to a new agency? If so, the client might not want their chosen name and pronouns documented.

Questions Supervisors Can Ask Staff During Supervision

1. Do you have LGBTQ+ clients on your caseload?
2. How do you know?
3. Are you routinely asking all of your clients how they identify and what pronouns they would like to use?
4. Are you comfortable asking clients about how they identify or what their sexual orientation is?
5. How has the experience of asking about a client's SOGI gone?
6. Have you had any particularly challenging experiences? Positive ones?
7. Do you have any concerns with asking about SOGI?
8. Would it be helpful if we did a role play of how to ask a client about their SOGI?

Example Role Plays Between Staff and Supervisor

In some cases, staff may be reluctant to discuss SOGI due to a lack of confidence. In these situations, it is helpful to role play scenarios with staff so that they can become familiar with terminology and practice how they would discuss certain topics.

SCENARIO 1: Staff says they are not routinely collecting SOGI information from clients:

Supervisor: What are the barriers for you in terms of asking your clients about their SOGI?

Staff: It makes me uncomfortable. I don't want to offend anyone.

Supervisor: Do you understand why we need to ask about SOGI?

Staff: Yes. LGBTQ+ people are at higher risk to negative health outcomes, and we need to know their SOGI to get them appropriate care.

Supervisor: Do you think clients would be offended by you asking them questions or because you are afraid you would make mistakes?

Staff: Both. We have never done this before, and I don't know how our clients will respond.

Supervisor: Why don't we try both scenarios and you can practice your responses?

Staff: Okay, let me know if I say anything silly. How about, "Hi, I am Sarah, and my pronouns are she/her. What is your name and what pronouns do you use?

Supervisor: Nothing silly about that introduction, I think that's great! If I was an LGBTQ+ client, I would feel very welcomed and affirmed by that introduction. Now, let's say someone responds with "Why are you asking me that?"

Staff: I suppose I could tell them what I just told you. That LGBTQ+ people are at higher risk to negative outcomes, and we want to make sure that if someone is LGBTQ+ that we are getting them appropriate services.

Supervisor: I think that's great. You could also add that you ask everyone you work with.

Staff: But what if they don't want to say their pronouns or don't know what I am talking about?

Supervisor: Then I think you could say something like, "I ask all of my clients about their pronouns to show I am supportive and want to be respectful. Some go by he and him, she or her, or they and them. If you don't feel comfortable sharing your pronouns right now, that's okay and I can just add your name to the form." Now, what might you say if you make a mistake.

Staff: I'm not sure. I guess I would just say "I didn't mean to offend them."

Supervisor: Would you feel comfortable saying "I am sorry, I will have to find out more about this topic or situation. Thank you for correcting me." If you say "you didn't mean to offend them" it could feel like the focus is on your intension rather than the impact of the hurtful language.

Staff: That make sense. Thank you.

Supervisor: Let's run through these scenarios again, but I will role play the client.

SCENARIO 2: Staff reports they ask some, but not all, clients about their SOGI:

Supervisor: How do you decide who to ask and who not to ask about their SOGI?

Staff: I guess I ask the clients who seem gay. I know that sounds silly, that I can tell who is gay and who isn't just by looking at them, but I don't want to offend anyone who isn't gay by asking them.

Supervisor: Do you think this method would miss people? Or do you feel like it is 100% accurate?

Staff: I might miss people.

Supervisor: What do you think the consequence is for the people you miss?

Staff: I'm not sure.

Supervisor: Well, when you identify an LGBTQ+ client, do you do anything differently?

Staff: Sometimes we talk about their identity, issues with their families, or I might refer them to LGBTQ+ services or support groups.

Supervisor: So, if you miss people then they don't get these opportunities with you.

Staff: Yep. I get what you mean.

Supervisor: It's common that providers don't want to upset someone by asking about SOGI, but we should be asking everyone. I think if you normalize it by saying something like, "These are questions I ask all of my clients so that I can know them, even if they are not here for reasons related to their sexual orientation or gender identity." Do you think that would help you to make this a standard practice with your clients?

Staff: Yeah, I think so. It's at least worth trying. I understand why it's needed.

Supervisor: Why don't you do this with everyone this week and then we will talk about the experience when we meet again next week.

SCENARIO 3: Staff is not asking about SOGI because they feel it encourages unhealthy behavior to acknowledge LGBTQ+ identity.

Supervisor: Talk to me about your thoughts on this? What was coming up for you during the training?

Staff: I just don't think having these discussions is appropriate. It encourages unhealthy behaviors and it's possible that the person may be confused or going through a phase. I don't want to encourage them to do something or be someone they are not. Personally, I think a lot of young people are saying they are LGBTQ+ because it's popular now.

Supervisor: I think it may seem that it is more popular because more people are feeling safe enough to come out as LGBTQ+. What are you afraid will happen if you, let's say, encourage their SOGI as they define it?

Staff: I think they could wreck their lives, take hormones, or have surgeries that they will later regret.

Supervisor: I understand your concern and I know there is a lot of conversation in the media and elsewhere that suggests that is common. It's actually quite uncommon that people would regret being affirmed for who they say they are. I am going to share some research with you on this topic, so that we can talk about it at our next meeting.

I also hear that you are worried about your clients, which I understand. What did you think about the statistics shared in the training about 40% of transgender people attempting suicide and that suicidal attempts decrease greatly when a transgender person is being affirmed?

Staff: I was curious to learn more and where that data came from. There is conflicting information everywhere and it's hard to know what is true and what isn't.

Supervisor: So why don't we review some resources between now and next week and then we can discuss further. What do you think?

Staff: I think that would be fine. Would you be open to me sending you some information as well?

Supervisor: Of course. Let's do it. In the meantime, are you serving anyone on your caseload that has told you they are LGBTQ+?

Staff: Not that I know of.

Supervisor: Okay. Let me know if that happens between now and when we meet next week. I would like to support and consult with you on any LGBTQ+ clients you are treating. Our professional associations and entities, like the American Psychological Association and the National Association of Social Workers, all provide professional guidelines that state we should affirm LGBTQ+ people and that affirmation is the best way to prevent negative health outcomes. That is our standard of practice, so over the next few weeks you and I will work on what affirming care could look like and we will work through some of your concerns.

For resources on gender affirming care, guidance, and research, please visit [Federal Guidance on Gender-Affirming Care – The National SOGIE Center](#).

Conclusion

Creating an inclusive and affirming therapeutic environment when working with LGBTQ+ clients is crucial for promoting their well-being and fostering positive therapeutic outcomes. As clinical supervisors, it is your responsibility to guide and support your staff in developing the necessary knowledge, skills, and sensitivity to engage in meaningful and effective discussions.

Throughout this guide, we have explored various aspects of coaching staff on discussing SOGI with clients. We discussed the importance of understanding SOGI, recognizing the impact stigma and discrimination has on LGBTQ+ people, and creating an inclusive and affirming environment. We also addressed the significance of cultural competence, promoting effective communication, assessing client needs and strengths, providing inclusive counseling techniques, managing information and privacy considerations, and supporting staff's professional development through reflective supervision and role plays.

By implementing the strategies outlined in this guide, clinical supervisors can empower their staff to provide client-centered, culturally competent, and affirming care. It is essential for clinical supervisors to continue promoting ongoing learning, self-reflection, and support for staff. This includes offering regular education and training opportunities, providing supervision and consultation, and encouraging self-care and wellness practices. Through our collective efforts, we can foster a mental health field that embraces diversity; celebrates individual identities; and ensures that every client feels seen, heard, and valued.

Resources

1. For an extensive glossary of terms, review our Glossary of Terms. You may also watch our short animation on Learning About Sexual Orientation, Gender Identity, and Expression.

2. For a resource on updated terminology, review Language Guidance when Serving LGBTQ+ Populations.

3. For more information on steps you can take to create an LGBTQ+-affirming environment, review the resource, Supporting the Behavioral Health Workforce to Implement Best Practices for LGBTQ+ People.

4. For free trainings that you and your staff can access to increase LGBTQ+ competency, visit the Center of Excellence on LGBTQ+ Behavioral Health Equity's Page on Self-Paced E-learnings.

5. For information on how stigma and discrimination has impacted older LGBTQ+ adults, review the animation, Providing Equitable and Affirming Care to LGBTQ+ Older Adults.

6. For a readiness checklist on collecting SOGI information, review Readiness to Safely Collect Sexual Orientation and Gender Identity (SOGI) data.

7. For more information on trauma-informed care with LGBTQ+ populations, review the LGBTQ+ Trauma-Informed Care Infographic.

8. For practice guidance on collecting sexual orientation and gender identity data, visit SOGIE Data Collection – The National SOGIE Center.

9. For information on LGBTQ+ youth and family programs, visit Youth, Family, & Caregiver Programming – The National SOGIE Center.

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