IDENTIFYING THE NEEDS OF GAY AND LESBIAN CLIENTS
IN REHABILITATION COUNSELING

BACKGROUND
Traditionally, rehabilitation counselors have supported the philosophy for viewing the consumer from a holistic perspective. The literature illustrates that rehabilitation professionals have neglected the fact that not all of their consumers are heterosexual. In regards to the Gay and Lesbian (G&L) community, rehabilitation professionals should be more conscious of the way we services are rendered to gay and lesbian consumers.

PURPOSE
Advocating for our clients is a major role in our profession; without proper training and knowledge of the population we are serving we cannot provide the best services possible. Competence with the gay and lesbian community is the key of our profession, and as rehabilitation counselors who uphold the person first philosophy should have adequate training in such populations.

The purpose of this literature review project is to inform rehabilitation counselors on techniques to better the service that is provided to consumers who are gay and lesbian.

METHODS
A review of the extant literature related to this topic was completed using the following databases: Through generally accepted literature review procedures as outlined by Cresswell (2009), the research team took an in-depth look at the textbooks, journals, and databases relevant for this topic. Specifically, literature searches were conducted through EBSCO Host, ProQuest, FirstSearch, PsyCINFO and AcademicSearch Premier databases. The following search terms were utilized with and without operative terms: rehabilitation, counseling, gay, lesbian, homosexuality, sexual identity, multi-cultural, black, African American, minority, identity development, and racial identity. The search terms resulted in over five hundred articles, peer-reviewed journals, books, articles, and other publication types. The search results were then narrowed to those connected to this research topic through abstracting. The remaining literature was then categorized into four broad topics that are discussed in the results sections.

RESULTS
Following a thorough review of the literature we have organized our findings into four categories: counseling clients who are gay or lesbian; counseling clients for who are gay or lesbian; and rehabilitation counseling for clients who are gay or lesbian.

Clients who are gay or lesbian: It is important to be aware of clients' sexual orientation. By using generalized questions in a counseling setting, a counselor will be able to help clients who are not homosexual feel more comfortable about “coming out.” Although some counselors are homophobes whether it’s consciously or unconsciously and may offend their gay and lesbian clients. Another method of counseling is Cass’s Model of Homosexual Identity Formation (1979): Stage 1: Identity Confusion, Stage 2: Identity Confirmation, Stage 3: Level of the gay and lesbian community; Stage 4: Identity, Stage 5: Identity Pride, and Stage 6: Identity Synthesis.

Counseling clients of color who are gay or lesbian: The literature purport that counselors should be an allies. Almeda (1997) asserts that heterosexual therapists can provide a better therapeutic environment for gays and lesbians by doing the following: 1) speaking up (i.e. advocate for the rights of G&L's) 2) Create space and safety to talk about sexual orientation, and other aspects of culture (i.e. homosexuality or the G&L community) 3) Train colleagues or heterosexual therapists to be allies.

Rehabilitation professionals should adapt the ethno cultural assessment to G&L consumers. Mathews and Beschke (2001) propose that four of the five dimensions address aspects of culture that is a great assessment tool in working with G & L consumers of color; Dimension 1: Family culture, Dimension 2: Clients internal process, Dimension 3: Coming out, Dimension 4: Identification with the G & L community, Dimension 5: Counselor self-assessment.

Durrel, Chiong, & Battle (2007) looked at the correlation of race and gender expectations in homophobia. The study found that (1) Blacks reported higher levels of homophobia that their white, Latina/ and Asian counterparts; (2) among the variables considered, the traditional gender role expectations measure was the sole common significant predictor among all four racial groups; and (3) great discrepancies exist across racial groups in the relative importance if the demographic variables considered.

RESULTS cont’d
Counseling African American clients who are gay or lesbian – The articles state that studies between 1970 and 1984 found that 70% of Americans thought that homosexual relations were always wrong. The article stated that Fassinger (1991) reported on a 1989 national poll which indicated that 81% of 3,748 randomly selected non-gay adults was opposed to discrimination based on sexual orientation. Support for nondiscrimination in employment and housing, in particular, is increasing (Yang, 1999). When comparing mean scores of race by religion, the African American group is the lowest (least accepting). Given that there was no significant interaction between race and religion, there may be other cultural influences besides race that affect attitudes toward gay men and lesbians. Icard (1986) suggested that homosexuality is presented in the African American community as a deviant acts as a result of America’s race and cultural identity and its emphasis on family, children, and commitment to the community. Loiakano (1989) interviewed black gay men and lesbians who reported pressure from the black community to be secretive about their sexuality.

Rehabilitation Counseling for clients who are gay or lesbian – The Gay and Lesbian community is often placed in a dichotomous category, but is never looked upon as a population that is multi-layered and complex. In a study that we usually try to categorized people and things in an either/or category, but failure to realize the complexity of subjects only hinders our capability to fully understand and become more knowledgeable about the subjects.

Marinelli & Dell Orto (1999) states that there are three million people who are gay and lesbian who also have a disability. In order to provide better services Marinelli & Dell Orto (1999) give a few suggestions for professional rehabilitation counselors to enhance the counseling relationship and awareness often that our society tries to categorized people and things in an either/or category, but failure to realize the complexity of subjects only hinders our capability to fully understand and become more knowledgeable about the subjects.

Four main themes emerged from the literature that Rehabilitation Counselors should understand when working with clients who are gay or lesbian. Four main themes emerged from the literature that Rehabilitation Counselors should understand when working with clients who are gay or lesbian.

CONCLUSIONS
First, rehabilitation counselors should consider our basic philosophical roots. Limitations are not stressed; a person's assets are most important. Rehabilitation counselors have been taught to acknowledge cultural differences among people and how different cultures may view disability differently. We can maintain the tradition of the profession by affording all clients dignity and respect. Rehabilitation counselors should be familiar with Cass's Model of Homosexual Identity Formation (1979), ethico cultural assessments, and Mathews and Beschke’s (2001) four dimensions are just a few empirical models which inform our practice in the rehabilitation profession. The rehabilitation counseling literature on the gay and lesbian community is limited, but this does not mean that there are not other avenues to acquire ample information. Rehabilitation counselors should inform their practice through the latest research.

Third, rehabilitation counselors must avoid assuming that all clients/consumers are heterosexual; avoid using language that is biased, sexist or judgmental (research the offensive terminology); contact the lesbian and gay caucuses within the professional organization to which they belong; attend workshops on lesbian and gay issues.

Fourth, rehabilitation counselors are capable of creating a place for all clients to feel safe, free of discrimination, and free of fear. A critical issue a person who is lesbian or gay faces is the person whose bigotry eliminates other human beings. Counselors should learn to provide assertiveness training for clients. Client empowerment also means the ability to locate and develop healthy social support systems.

REFERENCES
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