

**Sample Self-Assessment Checklist for  
Personnel Providing Services and Supports to  
Lesbian, Gay, Bisexual, Queer, Questioning, and Intersex Individuals**

		Strongly Agree	Somewhat Agree	Neutral	Somewhat Disagree	Strongly Disagree
1	I understand that biological, familial, cultural, socioeconomic, and psychosocial factors influence the course of development of affectional orientation and gender identity/expressions.		✓			
2	I understand LGBTQQI group members have the resiliency to live fully functioning, healthy lives despite experiences with prejudice, discrimination, and oppression.				✓	
3	I understand the heterosexism, biphobia, transphobia, and homophobia inherent in current life-span development theories and account for this bias in assessment procedures and counseling practices.	✓				
4	I am aware of the effects internalized homophobia/biphobia/transphobia may have on individuals and their mental health.	✓				
5	I understand that developmental periods throughout the life span may affect the concerns that LGBTQQI clients present in counseling.	✓				
6	I recognize how stigma, prejudice, discrimination, and pressures to be heterosexual may affect developmental decisions and milestones in the lives of individuals regardless of the resiliency of the LGBTQQI individual.		✓			
7	I understand that the typical developmental tasks of LGBTQQI older adults often are complicated or compromised by social isolation and invisibility.	✓				
8	I recognize the influence of other contextual factors and social determinants of health (e.g., race, education, ethnicity, religion and spirituality, socioeconomic status, role in the family, peer group, geographical region, age, size, gender identity/expression) on the course of development of LGBTQQI identities.	✓				
9	I understand that a LGBTQQI individual's family of origin group and/or structure may change over time, especially as it relates to the family's acceptance/ rejection of the LGBTQQI member, and acknowledge the impact that being rejected from one's family may have on the individual. If problems exist in the "family of origin," the individual may create a "family of choice" among supportive friends and relatives.	✓				
10	I recognize that the coming "out" process may impact an individual's return to earlier stages of development that may or may not be congruent with her/hir/his chronological age.	✓				
11	I understand that the individual, throughout the life span, may or may not be "out" about their affectional orientation in any or all aspects of their life. Recognize reasons for disclosing or not disclosing an affectional orientation may vary.	✓				

12	I understand the importance of appropriate use of language for LGBTQQI individuals and how certain labels (such as Gay or Queer) require contextualization to be utilized in a positive and affirming manner.			✓		
13	I understand the history, contributions of diverse participants, and points of pride for the LGBTQQI community (e.g., the LGBTQQI rights movements).	✓				
14	I am aware of current issues/struggles/victories for the LGBTQQI community (e.g., ENDA, Marriage Equality, Don't Ask Don't Tell, Hate Crimes Legislation, suicides related to anti-LGBTQQI bullying) as well as current events within the profession (e.g., students/practitioners refusing services to LGBTQQI individuals, resolutions on reparative therapy).			✓		
15	I acknowledge that heterosexism and sexism are worldviews as well as value systems that may undermine the healthy functioning of the affectional orientations, gender identities, and behaviors of LGBTQQI persons.		✓			
16	I understand that heterosexism and sexism pervade the social and cultural foundations of many institutions and traditions and may foster negative attitudes, overt hostility, and violence toward LGBTQQI persons.			✓		
17	I recognize how internalized prejudice, including heterosexism, racism, classism, religious/spiritual discrimination, ableism, adultism, ageism, and sexism may influence my attitudes as well as those of LGBTQQI individuals, resulting in negative attitudes and/or feelings towards LGBTQQI individuals.		✓			
18	I understand how the intersection of oppressions such as racism, homophobia, biphobia, classism, or sexism may affect the lives of LGBTQQI individuals (e.g., Queer people of color may be marginalized within their LGBTQQI communities, which means they may lack a type of support that could operate as a protective factor, homelessness rates, access to healthcare services).		✓			
19	I recognize that spiritual development and religious practices may be important for LGBTQQI individuals, yet they may also present a particular challenge given the limited LGBTQQI positive religious institutions that may be present in a given community, and that many LGBTQQI individuals may face personal struggles related to their faith and their identity.	✓				
20	I am aware of misconceptions and/or myths regarding affectional orientations and/or gender identity/ expression (e.g., that bisexuality is a "phase," [...] that the majority of pedophiles are Gay men, Lesbians were molested or have had bad experiences with men).				✓	
21	I acknowledge the physical (e.g., access to health care, HIV, and other health issues), social (e.g., family/partner relationships), emotional (e.g., anxiety, depression, substance abuse), cultural (e.g., lack of support from others in their racial/ethnic group), spiritual (e.g., possible conflict between their spiritual values and those of their family's), and/or other stressors (e.g., financial problems as a result of employment discrimination) that may interfere with LGBTQQI individuals'	✓				

	ability to achieve their goals.					
22	I recognize that my affectional orientation and gender identity/expression are relevant to the helping relationship and influence the counseling process. I use self-disclosure about my affectional orientation and gender identity/expression judiciously and only when it is for the LGBTQQI individual's benefit.					✓
23	I seek consultation and supervision from an individual who has knowledge, awareness, and skills working with LGBTQQI individuals for continued self-reflection and personal growth to ensure that my biases, skill, or knowledge deficits about LGBTQQI persons do not negatively affect the helping relationships.	✓				
24	I recognize the emotional, psychological and sometimes physical harm that can come from engaging clients in approaches, which attempt to alter, "repair," or "convert" individuals' affectional orientation/gender identity/expression. These approaches, known as reparative or conversion therapy, lack acceptable support from research or evidence and are not supported by the ACA or the APA. When individuals inquire about these above noted techniques, I advise them of the potential harm related to these interventions and focus on helping them achieve a healthy, congruent affectional orientation/gender identity/expression.					✓
25	I understand the unique experiences of bisexual individuals and that biphobia is experienced by bisexual individuals in the LGBTQQI and heterosexual communities.					✓
26	I acknowledge that affectional identity, gender identity, and other intersecting identities (race, ethnicity, class, ability, age) may or may not be the presenting concern for LGBTQQI individuals, but that experiences of oppression may impact presenting issue(s).					✓
27	Recognize and acknowledge that, historically, counseling and other helping professions have compounded the discrimination of LGBTQQI individuals by being insensitive, inattentive, uninformed, and inadequately trained and supervised to provide culturally proficient services to LGBTQQI individuals and their loved ones. This may contribute to a mistrust of the counseling profession.		✓			
28	Understand the coming "out" process for LGBTQQI individuals and do not assume individuals are heterosexual and/or cisgender just because they have not stated otherwise. Individuals may not come out to their counselors until they feel that they are safe and can trust them, they may not be out to themselves, and this information may or may not emerge during the process of counseling. A person's coming "out" process is her/hir/his own, and it is not up to the counselor to move this process forward or backward but should be the decision of the individual. The counselor can help the individual understand her/hir/his feelings about coming out and offer support throughout the individual's process.					✓
29	I recognize that within-group power differentials and oppression		✓			

	among LGBTQQI members may occur, and counselors should be able to use their knowledge of group process and social justice to address such oppression.					
30	I understand that groups are a microcosm of society and that group settings may feel unsafe for LGBTQQI clients according to their experiences with prejudice, discrimination, and oppression. Competent group leaders will employ a strength-based approach to work with these potentially vulnerable group members.		✓			<del>30</del>
31	I intervene actively when either overt or covert disapproval of LGBTQQI members threatens member safety, group cohesion and integrity.	✓				
32	I am informed (via empirical and theoretical literature and supervision/consultation with LGBTQQI communities and resources) of the spectrum of healthy functioning within LGBTQQI communities.	✓				
33	I seek out the perspectives and personal narratives of LGBTQQI individuals and communities as essential components to more fully understand appropriate assessment of LGBTQQI people.	✓				
34	I understand how assessment measurements, the Diagnostic and Statistical Manual of Mental Disorders, and other diagnostic tools may perpetuate heterosexist, genderist, and sexist norms that negatively affect LGBTQQI individuals.	✓				

Adapted from: Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2013). Competencies for counseling with lesbian, gay, bisexual, queer, questioning, intersex, and ally individuals, *Journal of LGBT Issues in Counseling*, 7(1), pp. 2-43. Retrieved from Academic Search Premier database. doi: 10.1080/15538605.2013.755444.

For transgender specific competencies please see: Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling. (2009). *Competencies for counseling with transgender clients*. Alexandria, VA: Author. Retrieved from [https://www.counseling.org/docs/default-source/competencies/algbtic\\_competencies.pdf?sfvrsn=8](https://www.counseling.org/docs/default-source/competencies/algbtic_competencies.pdf?sfvrsn=8)