Lesbian, Gay, Bisexual, Transgender, and Questioning: Best Practices in Music Therapy

ANNETTE WHITEHEAD-PLEAUX — St. Mary-of-the-Woods College, St. Mary of the Woods, IN
AMY DONNENWERTH — Greater Cincinnati, OH
BETH ROBINSON — Bay Area, CA
SPENCER HARDY — Bay Area, CA
LEAH OSWANSKI — Morristown Medical Center, Morristown, NJ
MICHELE FORINASH — Lesley University, Cambridge, MA
MAUREEN HEARNS — Utah State University, Logan, UT
NATASHA ANDERSON — Behavioral Health Network, Springfield, MA
ELIZABETH YORK — Converse College, Spartanburg, SC

ABSTRACT: Given the increasing numbers of openly lesbian, gay, bisexual, transgendered, and questioning (LGBTQ) people, music therapists are more likely to be in contact with LGBTQ individuals in their daily routines. LGBTQ people are coming out at earlier ages, staying out into their senior years, participating in marriage, and raising children. Expanding media coverage has focused on civil rights, marriage equality, bullying in the schools, and respect and pride in the community. Even though the AMTA Code of Ethics and Standards of Clinical Practice define a non-biased approach to working with LGBTQ individuals, the profession is still in need of best practice guidelines that will assist music therapists with tools to ensure that they are informed and sensitized to the needs of the LGBTQ community. The purpose of this paper is to propose a set of best practice guidelines and make recommendations for its implementation.

Over the past several years, lesbian[1], gay, bisexual, transgender, and questioning (LGBTQ) people and LGBTQ related issues have been visible in the popular press (www.glaad.org). With the marriage equality debate, increasing awareness of the suicide rate of LGBTQ teens and young adults as a result of bullying, hate crimes victimizing LGBTQ individuals, legal challenges to the Defense of Marriage Act, and the Don't Ask, Don't Tell Policy reversal, the lives and challenges of LGBTQ individuals have been open to public view, debate, and scrutiny (Carey, 2012; Webb, 2012). Because LGBTQ people are of all ages, cultures, and populations, and from all geographical areas, it is highly likely that therapists will find themselves working with LGBTQ clients, coworkers, students, and/or family members, whether they know it or not. Given this reality, it is therefore essential for music therapists to seek out opportunities to learn about LGBTQ concerns and community resources as well as seek supervision about working with LGBTQ individuals.

Historically, LGBTQ people have been marginalized and under served by the mainstream culture[2]. According to the Federal Bureau of Investigation, 17.8% of the total number of reported hate crimes in 2010 was attributed to homophobia (U.S. Department of Justice, 2010). In a recent survey of 6000+ transgender individuals, discrimination was identified as a factor in workplace harassment (90%), loss of employment (26%), refusal of housing (19%), denial of medical care (19%), and homelessness (19%) (Grant et al., 2011). The effects of this discrimination are detrimental. Over the past 20 years, the long-term effects of nonacceptance, discrimination, and violence in the lives of LGBTQ individuals have been studied. Researchers have noted lesbians, gay men, bisexuals, and transgender individuals have an increased risk for suicidal ideation (Clements-Nolle, Marx, & Katz, 2006; Rotheram-Borus, Hunter, & Rosario, 1994; Savin-Williams, 1994), high risk behavior (Heck, Flentje, & Cochran, 2011; Savin-Williams, 1994), mental health problems including substance abuse (Cochran, Sullivan & Mays, 2003; D'Augelli, 2002; DiPlacido, 1998; Heck et al., 2011; Lewis & Hugelshofer, 2004; Lewis et al., 2004; Meyer, 2003; Ross, 1990; Savin-Williams, 1994), and compromised physical health (DiPlacido, 1998; Lewis et al., 2004; Ryan, Huebner, Diaz, & Sanchez, 2007) due to heterosexism, transphobia, gender-role stereotyping, and lack of acceptance by family and society.

In a study of 245 lesbian, gay, bisexual, and transgender young adults, researchers found that "the direct effect of adolescent gender nonconformity on young adult adjustment was fully mediated by the experience of victimization" (Toomey, Ryan, Diaz, Card, & Russell, 2010, p. 1587). Ryan et al. (2007) found "family acceptance predicts greater self-esteem, social support, and general health status [while guarding against] depression, suicidal ideation, and behaviors" (p. 205). Similarly, participation in Gay Straight Alliances while in school helped to created "more favorable outcomes

[1] A glossary of terms used throughout the content of this paper is provided in Appendix A.

[2] The authors acknowledge that intersex individuals are marginalized and underserved. At this time, this population is beyond the scope of these best practices. The authors encourage further work to provide protections and quality care for this population.

Annette Whitehead-Pleaux, MA, MT-BC teaches at St. Mary-of-the-Woods College. Amy Donnenwerth, MA, MT-BC works in private practice in the Greater Cincinnati, OH area. Beth Robinson, MT-BC, and Spencer Hardy MT-BC, are in private practice in the CA Bay Area. Leah Oswanski, MA, LAC, MT-BC works at the Morristown Medical Center in Morristown, NJ. Michele Forinash, DA, MT-BC, LMHC, is Professor of Expressive Therapies and Director of the Doctoral Program in Expressive Therapies at Lesley University in Cambridge, MA. Maureen Hearns, MA, MT-BC, is Assistant Professor and Director of Music Therapy at Utah State University in Logan, UT. Natasha Anderson, MA, LMHC, MT-BC, is part of the Behavioral Health Network, Springfield, MA. Elizabeth York, PhD, MT-BC is Professor and Chair of Music Education and Music Therapy, Converse College.

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related to school experiences, alcohol use, and psychological distress" (Heck et al., 2011, p. 161). Clearly, family and societal acceptance and protections help to minimize the detrimental psychological and physical effects of discrimination.

Health and human services professions have historically marginalized LGBTQ individuals and diagnosed them as mentally ill. Until 1973, homosexuality[3] was identified as a mental illness diagnosis in the Diagnostic Statistical Manual (American Psychiatric Association, 1974). Many LGBTQ individuals were subject to a variety of treatments to "cure" their homosexuality, bisexuality, gender expression, and/or gender identity.

Psychological treatment models with the intent to "cure" sexual orientation, known as conversion or reparative therapy, have experienced resurgence in recent years (Anton, 2010). These forms of therapy may be detrimental and/or life threatening, and are not empirically supported (Haldeman, 1994, 2002; Shidlo & Schroeder, 2002). The American Psychological Association (APA) has concluded, "There is insufficient evidence to support the use of psychological interventions to change sexual orientation" (Anton, 2010, p.465). The APA, the American Psychiatric Association, American Academy of Pediatrics, the American Medical Association, the American Counseling Association, and the National Association of Social Workers all oppose reparative therapies (American Psychiatric Association, 2000). Counseling approaches that emphasis multicultural competence and are affirmative of LGBTQ identities are supported by research (Anton, 2010; Bartoli & Gillem, 2008; Brown, 2006; Martell, Safren & Prince, 2004), and are the current standard of care.

In 1975, the APA passed a resolution stating that homosexuality was not an illness or impairment and urged "all mental health professionals to take (the) lead in removing the stigma of mental illness that has long been associated with homosexual orientation" (Conger, 1975, p. 633). In the ensuing years, many major health care and mental health organizations have followed suit and changed policies and codes of ethics to affirm that bisexuality and homosexuality are not mental illnesses, including the American Academy of Pediatrics, American Association for Marriage and Family Therapy, American Medical Association, American Counseling Association, Canadian Psychological Association, and National Association of Social Workers. Since 1975, policy changes have included, but are not limited to, supporting lesbian and gay parenting (Paige, 2007), supporting lesbian, gay, and bisexual youth in schools (DeLeon, 1993), increasing therapeutic response to same-gender orientation (APA, 1998; DeLeon, 1998), supporting same-sex marriage (Paige, 2005; Pawelski et al., 2006), and using language free of heterosexual bias (Committee on Lesbian and Gay Concerns, 1991). In August 2011, the APA voted unanimously to support marriage equality (Geller, 2011).

Similar gains made against marginalization and heterosexism have begun to spread to the transgender community as well. In 2009, the American Psychological Association adopted a policy that discouraged discrimination against transgender individuals and encouraged support of civil equality and quality physical and emotional health care access (Anton, 2009). Similarly, the American Medical Association has issued resolutions calling for the end of discrimination against transgender individuals in health care (American Medical Association, 2008a), insurance coverage (American Medical Association, 2008b), and financial aid for medical treatment (American Medical Association, 2008c). Unfortunately, there is still more ground to cover for equitable treatment of transgender individuals (Sabatello, 2011). To this day, transgender individuals can still be diagnosed with the mental illness Gender Identity Disorder (American Psychiatric Association, 2000).

The American Music Therapy Association (AMTA) has worked to prevent the marginalization of and unethical music therapy practice with LGBTQ individuals. The AMTA *Code of Ethics* identifies a list of protected minorities, which extends not only to clients, but also to colleagues, research subjects, students, and educators. The AMTA *Code of Ethics* states: "The MT will not discriminate in relationships with clients/students/research subjects because of race, ethnicity, language, religion, marital status, gender, sexual orientation, age, ability, socioeconomic status, or political affiliation" (American Music Therapy Association, 2010a). This statement affirms that discrimination of students, clients, and subjects based on sexual orientation is unethical. However, the AMTA *Code of Ethics* has recently been revised (2012) to specifically address the unethical nature of discrimination based on gender identity or gender expression with clients, students, educators, and research subjects.

Similarly, the AMTA Standards of Clinical Practice provides guidelines for music therapy practice with LGBTQ individuals in relation to culturally competent assessment practices. The Assessment Standard 2.2 states: "The music therapy assessment will explore the client's culture. This can include but is not limited to race, ethnicity, language, religion/spirituality, social class, family experiences, *sexual orientation*, *gender identity,* and social organizations" (American Music Therapy Association, 2010b). By identifying sexual orientation and gender identity within this document, the Standards of Clinical Practice sets the minimum standard of music therapy assessment to be inclusive of LGBTQ clients.

The AMTA Code of Ethics and Standards of Professional Practice both define a non-biased approach to working with LGBTQ individuals and their families. Although these two documents address some LGBTQ concerns relative to professional ethics and standards of practice, it is the opinion of the authors that the field of music therapy in the United States of America is still in need of policies and best practices to provide the highest quality care to LGBTQ individuals as well as to provide protections for LGBTQ coworkers, employees, and students.

Creating the LGBTQ Best Practices in music therapy began as an organic process of concerned music therapists finding each other through work settings, attending professional presentations given by one another, and by sharing a common desire to continue the progress of LGBTQ work, training, and

[3] Currently, the APA discourages the use of the word "homosexuality" due to its history of being used to discriminate against LGBTQ individuals. The authors chose to use this word in its historical context.

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understanding in our field. As dialogues began to develop within group, it became clear that there was a collective concern about the wide discrepancy in the quality and availability of training, treatment, supervision, and understanding of LGBTQ clients, coworkers, and students. Led by the principal author, the panel emerged in 2009 with the mission to create a LGBTQ Best Practices in Music Therapy document.

The authors reside in four different AMTA regions and their work settings include special education, private practice, medical hospitals, and higher education. Some are members of the LGBTQ community while others are allies. Members within the team come to the LGBTQ community with a variety of prior experiences: Some have presented on LGBTQ themed topics at AMTA conferences and beyond, and written on LGBTQ matters in music therapy journals. Some members of the team are volunteers for local and national LGBTQ organizations and performers at LGBTQ events. Some have been activists for a long time; others have joined this work more recently. What we have in common is a commitment to increasing awareness through education and defining standards for working with the LGBTQ community.

Once the team was formed, the first task was to review LGBTQ best practices in other fields, as well as the literature from a variety of sources (APA (Practice Guidelines for LGB Clients), 2011; Association of Lesbian, Gay, Bisexual, and Transgender Issues in Counseling, 2010; Clark, Landers, Linde, & Sperber, 2001; Committee on Lesbian, Gay, & Bisexual Concerns Joint Task Force, 2000; Flaxman, 2009; Gay, Lesbian, Bisexual, and Transgender Health Access Project and JRI Health, 1999; Mayor's Office of Gay, Lesbian, Bisexual, and Transgender Affairs, 2010; National Youth Advocacy Coalition, 2009; Ragg & Patrick, 2006). After reviewing these documents, the group met regularly via conference calls and emails to begin designing the best practice guidelines for supporting LGBTQ individuals in music therapy practice.

The AMTA Professional Competencies require that music therapists have training, which leads to multicultural competence in all aspects of music therapy treatment (AMTA, 2008). However, through informal discussions the authors had with music therapists across the country, many reported that they have never received training specifically on LGBTQ issues. These same music therapists also stated they do not work with members of the LGBTQ community and/or that their clients do not identify as LGBTQ. However, according to GLAAD, a LGBTQ legal organization, nearly 18 million Americans (over 7% of the population) identify as LGBTQ (http://www.glaad.org). PFLAG, a national organization that provides support to LGBTQ individuals, families, and friends, stresses the importance of allies in supporting the LGBTQ population (http://www.pflag.org). By implementing standards and recommendations, the LGBTQ Best Practices are designed to be a starting point for therapists to gain a broader view and understanding of LGBTQ issues and needs. These guiding principles are intended to better prepare therapists for supporting and affirming LGBTQ clients, coworkers and/or students. The present authors suggest the following to address the absence of best practice guidelines in the music therapy field.

Recommended Clinical Best Practices

Assessment, Support, Treatment

The music therapist will:

1. Develop intakes, assessments, consents, releases, and other documents that provide for optional self-identification regarding gender identity, sexual orientation, and marital, partnership, and family status.
2. Create a safe space for all clients[4], and will not tolerate hate speech or bullying.
3. Avoid assumptions about the client's sexual orientation and/or gender identity and expression.
4. Treat all diverse clients and family members, and support people equally and with respect.
5. Respond respectfully when a client discloses her/his gender identity or sexual orientation.
6. Become familiar with LGBTQ musicians, history, literature, cultures and subcultures, advocacy, ally and support groups, legal challenges, social policies, and mental and physical health issues.
7. Be open and affirming to LGBTQ clients.
8. Use culturally appropriate, inclusive language in speech and writing.
9. Respect and employ the client's preferred language and terms when referring to the client's sexual orientation, gender identity, gender expression, etc.
10. Understand the client's preferred language and terms: learn their meaning and history, their cultural associations/interpretations, and the generational differences in terminology prior to using any identifying term with the client (e.g., gay, homosexual, queer, dyke, transsexual).
11. Use gender-neutral language when speaking with clients. Do not assume heteronormativity of clients. For example, use terms like partner or significant other rather than wife or husband, or ask, "are you dating?" rather than "do you have a boyfriend?"
12. Respect a client's right to privacy regarding sexual orientation and/or gender identity and expression.
13. Provide education and support to spouses, partners, family, and friends of LGBTQ clients.
14. Recognize that sexual orientation and gender identity are separate. Sexual orientation relates to whom the individual is attracted to and gender identity relates to how the individual defines her/his gender.
15. Not participate in or condone attempts to "correct" gender identities and/or the sexual orientation of LGBTQ clients, across the lifespan, with reparative or conversion therapy.
16. Recognize that due to heterosexism, transphobia, gender stereotyping, bullying, and intolerance of LGBTQ issues in the culture of the USA, suicide rates

[4] Clients refer to the individuals receiving music therapy, as well as their families and support people.

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of LGBTQ youth are higher than that of heterosexual youth.
17. Understand that coming out and transitioning can occur anytime throughout an individual's lifespan.
18. Understand that there are a wide variety of cultures within the LGBTQ population that vary by age, ethnicity, religion, regional location, linkages with various counter-cultures, gender expression, gender identity, and orientation.
19. Seek supervision as necessary with regard to LGBTQ issues.

Working with Transgender Clients

The music therapist will:

1. Be educated on transgender issues, for example, using proper terminology, understanding transition processes, etc.
2. Understand and acknowledge that the path of transition is different and complex for each individual and may or may not include: coming out to family/friends/employer, legally changing name, legally changing gender, receiving hormone therapy, undergoing surgery. These steps must be taken only when the individual is ready, and the individual may choose to transition without some of these steps (for example, some will not pursue any medical treatment).
3. Be respectful of clients' preferred name and gender pronoun and use these correctly. When unsure of a preferred name or pronoun, the therapist will ask respectfully. The music therapist will refrain from using any former name for the client, even if this may still be their legal name.
4. Understand that gender identify is separate from sexual orientation, and acknowledge that transgender people may identify with various sexual orientations including straight, gay, lesbian, bisexual, queer, questioning or elsewhere on the spectrum of orientation.
5. Understand that access to comprehensive health care is difficult, therefore often hindering or preventing the medical transition (including access to hormones and other treatments, if the individual has chosen to pursue these) for transgender persons.
6. Acknowledge that health insurance companies often do not cover services related to transition, and that being openly transgender with insurance companies can complicate coverage for non-transition related services.
7. Acknowledge that discrimination against transgender people happens in the areas of housing, employment, education, and finances, often leaving transgender people homeless and/or under or unemployed.
8. Acknowledge that due to the stigma that has been created around transgender issues in our culture, suicide rates are highest in transgender youth.
9. Understand that there are a wide variety of cultures within the transgender population influenced by age, race, ethnicity, religion, regional location, identity with various counter cultures, gender expression, gender identity and orientation.

Community Outreach

The music therapist will:

1. Be familiar with LGBTQ resources in her/his community. Community resources can include LGBTQ-friendly housing, community centers, LGBTQ-friendly medical and mental health centers, and LGBTQ civil rights organizations.
2. Provide access to these and other relevant resources to LGBTQ clients.
3. Avoid resources that engage in homophobic practices including reparative therapy, conversion therapy, and discrimination.

Research

The music therapist will:

1. Be aware of the potential for both overt and covert biases when researching LGBTQ concerns.
2. Exercise caution when reading and applying research on LGBTQ populations, recognizing the limitations and complexities involved. Historically, research has contained the biases of the researchers and has focused on only a small subpopulation of LGBTQ individuals (covert bias).
3. Become aware that there are many cultures (age, race, ethnicity, orientation, gender, region, gender identity, gender expression, etc.) within the LGBTQ community when designing music therapy research studies related to all or a portion of this community (covert bias).
4. Not engage in research that uses discriminatory or detrimental therapies such as reparative or conversion therapy (overt bias).

Recommended Work Environment Best Practices

Coworkers, Supervisors, and Administrators

The music therapist will:

1. Treat all coworkers equally and with respect. Coworkers are defined for this document as colleagues, employees, interns, and students.
2. Be open and affirming to LGBTQ coworkers.
3. Respect a coworker's privacy regarding sexual orientation and/or gender identity and expression.
4. Avoid assumptions about the coworker's sexual orientation, gender identity, and/or gender expression.
5. React respectfully when a coworker discloses her/his gender and/or sexual identity.
6. Create a safe space for all coworkers and not tolerate hate speech or bullying.
7. Mirror the language of her/his coworker, as appropriate.
8. Ask the coworker what terms s/he prefers the music therapist to use when referring to the coworker's sexual

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orientation, gender identity, gender expression, and so on.
9. Understand the meaning, history, cultural associations/interpretations, and the generational differences of LGBTQ terminology prior to using any identifying labels with the coworkers (e.g., gay, homosexual, queer, dyke).
10. Use gender-neutral language when speaking with coworkers and will not assume heteronormativity of coworkers (e.g. use terms like partner or significant other rather than wife or husband; for instance, ask, "are you dating?" rather than "do you have a boyfriend?").

Policies

The music therapist will:

1. Include sexual orientation and gender identity and expression in all written nondiscrimination policies.
2. Create written policies that address the confidentiality of a client's sexual orientation and gender identity.
3. As an employer offer same terms and conditions of employment and same compensation to all employees.
4. Offer same-sex domestic partners and same-sex married partners the same benefits as heterosexual married individuals, including health insurance.
5. Maintain a gender-neutral parental leave policy that specifically covers adoption, parental leave, family medical leave, and bereavement.
6. Develop and maintain complaint procedures for LGBTQ discrimination.

Recruitment and Interviewing

The music therapist employer will:

1. Ensure that the recruitment and hiring of the music therapy company mirrors the diversity of the US population.
2. Depict LGBTQ clients and staff in promotional materials.
3. Develop application forms for employees that are gender neutral, provide for optional self-identification for marital status and gender identity.

Training and Supervision

The music therapist will:

1. Attend comprehensive and ongoing diversity trainings around LGBTQ issues and culture. These trainings can include but are not limited to: the legislation and civil rights that impact the lives of LGBTQ individuals in the city/region/state/country where s/he practices; legal documents that pertain to LGBTQ clients and families; how discrimination, heterosexism, genderphobia, gender role stereotyping, and violence impact the well-being of LGBTQ individuals; how LGBTQ relationships are similar and different from heterosexual relationships, and the issues pertaining to the client's family of origin. If no such trainings exist, the music therapist will advocate for them.
2. Explore her/his own beliefs and biases and continue to overcome heterosexism and gender role stereotyping in order to provide professional and ethical music therapy services to LGBTQ clients.
3. Explore what it means to be transgender and continue to overcome transphobia, recognizing that transgender individuals have diverse experiences and varied ways of identifying themselves.

Recommended Best Practices for Education and Clinical Training

Recruitment, Admissions, and Interviewing

The music therapy educator/clinical trainer will:

1. Ensure that the admissions to the music therapy program mirror the diversity of the US population.
2. Depict LGBTQ students and faculty in promotional materials.
3. Develop and provide intake/application forms for students/interns that are gender neutral and inclusive.
4. Assess the student's comfort level with diversity during the interview process and apply this information in the development of the student/intern's education plan.

Interactions with Students/Clinical Trainees/Faculty/Staff

The music therapy educator/clinical trainer will:

1. Create a safe space for all students and not tolerate hate speech or bullying.
2. Engage in ally programs within the institution and encourage faculty/staff participation.
3. Be familiar with LGBTQ resources in her/his community. Community resources can include LGBTQ student organizations, friendly housing, community centers, LGBTQ owned business, LGBTQ friendly medical and mental health centers, and LGBTQ civil rights organizations.
4. Support student programs such as Gay Straight Alliances (GSA).
5. Regularly attend trainings for faculty and staff development related to LGBTQ issues. If no such trainings exist, the music therapy will advocate for them.
6. Be open and affirming to LGBTQ faculty, staff, and students.
7. Respect the student, faculty, and staff's preferred terms when referring to their sexual orientation, gender identify, gender expression etc.
8. Understand the meaning, history, cultural associations/interpretations, and generational differences of LGBTQ terminology prior to using any identifying labels with the student, faculty, and staff (e.g., gay, homosexual, queer, dyke, transsexual).
9. Use gender-neutral language when speaking with students.
10. Respect a student's right to privacy regarding sexual orientation and/or gender identity and expression.

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11. Avoid assumptions about the student's sexual orientation and/or gender identity and expression.
12. Treat all diverse students and family members equally and with respect.
13. Respond respectfully when a student discloses her/his gender identity or sexual orientation.
14. Recognize that sexual orientation and gender identity are separate. Sexual orientation relates to whom the individual is attracted and gender identity relates to how the individual defines her/his gender.
15. Recognize that due to heterosexism, transphobia, gender stereotyping, bullying, and intolerance of LGBTQ issues in the culture of the USA, the suicide rates of LGBTQ youth (including college age youth) are higher than that of heterosexual youth.
16. Understand that coming out and transitioning can occur anytime throughout an individual's lifespan.
17. Understand that age, race, ethnicity, religion, regional location in the USA, identity with various counter cultures, gender expression, gender identity, and orientation can influence how a LGBTQ individual defines and views her/himself, interacts with the majority culture, level of outness, and even music preference.
18. Seek supervision as necessary concerning LGBTQ issues.

Addressing Transgender Identity in the Educational/Clinical Training Setting

The music therapy educator/clinical trainer will:

1. Be educated on transgender identity, e.g., use proper terminology and understand the process of transition.
2. Understand and acknowledge that the path of transition is different and complex for each individual and may or may not include: coming out to family/friends/employer, receiving hormone therapy, legally changing name, legally changing gender, undergoing surgery. These steps must be taken only when the individual is ready, and the individual may choose to transition without some of these steps such as not pursuing any medical treatment.
3. Be respectful of student's preferred name and gender pronoun and use these correctly. When unsure of a preferred name or pronoun, the music therapist educator/clinical trainer will ask respectfully and refrain from using any former name for the student, even if this may still be their legal name.
4. Understand that gender identity is a separate entity from sexual orientation, and will acknowledge that transgender people may identify to various sexual orientations including straight, gay, lesbian, bisexual, queer, questioning or elsewhere on the spectrum of orientation.
5. Be educated on issues regarding to healthcare for transgender related services, discrimination in the healthcare setting, and lack or coverage for non-transition related services.
6. Acknowledge that discrimination against transgender people happens in the areas of housing, employment, education, and financially often leaving transgender people homeless and/or without work.
7. Acknowledge that due to the stigma that has been created around transgender issues in our culture, suicide rates are highest in transgender youth (which includes college age youth).

Curriculum

The music therapy educator/clinical trainer will:

1. Integrate into the curriculum content on LGBTQ musicians, history, literature, culture, and the frequent barriers these populations face.
2. Use culturally appropriate and inclusive language in speech and writing.
3. Develop and maintain curriculum that teaches the skills needed to provide the highest quality music therapy services to LGBTQ clients.
4. Provide education and support to students about LGBTQ issues in the therapeutic process.
5. Provide education about the damaging effects of approaches that attempt to alter or change gender identities and/or the sexual orientation of LGBTQ clients (for example reparative therapy or conversion therapy) and will not indorse the use of these therapies.
6. Incorporate the LGBTQ best practices for all interactions with students, clinical trainees, faculty, and staff, into the curriculum.
7. Incorporate the best practices for working with transgender clients into the curriculum.

Conclusion

One final consideration for music therapists is that LGBTQ individuals come from all cultures, ethnicities, religions, and ages. There is no single "gay culture" within the LGBTQ community: there is a wide variety of subcultures. Age, race, ethnicity, religion, regional location in the USA, identity with various counter cultures, gender expression, gender identity, and orientation can influence how a LGBTQ individual defines and views her/himself, interacts with the majority culture, develops and maintains relationships and family, chooses his/her level of "outness," and musical preferences. Above all, as with all populations served by music therapists, it is vital to see the client as an individual first, and then a member of a culture.

It is the hope of the authors that these LGBTQ best practices will help music therapists provide the highest level of care and embody the highest quality of professional behavior as they interact with those in the LGBTQ communities. A greater knowledge and understanding of the LGBTQ communities, their needs, issues, norms, and more, will aid music therapists in developing open and affirming practices that welcome, not only LGBTQ clients, coworkers, and students, but individuals of all cultures. The authors encourage the leadership of AMTA, including the Diversity Task Force, Education and Training Advisory

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Board, Ethics Board, and Standards of Clinical Practice Committee, to review these best practices and incorporate these recommendations into AMTA's documents as appropriate. It is anticipated that the music therapy best practices will start a dialogue between music therapists. Together, music therapists can move forward to the equitable treatment of all people.

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Appendix A
Glossary of Terms**

Ally: Typically any non-LGBTQ heterosexual person who supports and advocates for the rights of LGBT people. However, LGBTQ people can be allies as well, i.e., a lesbian can be an ally to a transgender person.

Bisexual: A person who is attracted to both men and women.

Conversion Therapy: An intervention intended to change an individual's sexual orientation from LGBTQ to heterosexual; also known as Reparative Therapy.

Closeted: A person who keeps their sexual orientation or gender identity a secret from some or all people. Also referred to as "being in the closet."

Coming Out: The process of acknowledging one's sexual orientation and/or gender identity to other people. For most LGBT people this is a life-long process.

Gay: A person who is attracted only to members of the same sex. Although it can be used for any sex (e.g. gay man, gay woman, gay person), "lesbian" is usually the preferred term for women who are attracted to women.

Gender Expression: The manner in which a person outwardly expresses their gender.

Gender Identity: A person's inner sense of self as male, female or somewhere in between. Many people develop a gender identity that corresponds to their biological sex but some do not.

Genderphobia: Fear or discomfort with the idea that some people may not fit into the two restrictive categories imposed by the binary gender system. Also known as 'non-binary gender phobia.'

Heteronormativity: The cultural bias in favor of opposite-sex relationships of a sexual nature, and against same-sex relationships of a sexual nature. Because the former are viewed as normal and the latter are not, lesbian and gay relationships are subject to a heteronormative bias.

Heterosexual/Straight: A person who is only attracted to members of the opposite sex.

Heterosexism: The belief attitude that heterosexuality is the only valid or acceptable sexual orientation.

Homosexual: A clinical term for people who are attracted to members of the same sex. Some gay men and lesbians find this term offensive.

Homophobia: An irrational fear of, and/or hostility towards, lesbians and gay men.

Intersex: A general term used for a variety of conditions in which a person is born with a reproductive or sexual anatomy that does not seem to fit the typical definitions of male or female.

Lesbian: A woman who is only attracted to other women.

LGBTQ: Acronym for "Lesbian, Gay, Bisexual, Transgender, and Questioning."

Open and Affirming: Supporting LGBTQ issues and rights.

Openly LGBTQ: A person who publicly acknowledges their sexual orientation and/or gender identity.

Out: A person who publicly acknowledges their sexual orientation and/or gender identity.

Outing: The act of revealing an LGBTQ person's sexual orientation and/or gender identity without that person's consent.

Queer: An umbrella term used by some LGBTQ people to refer to themselves. In the past, this term has been considered offensive and some LGBTQ people still consider it so.

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Questioning: A person who is unsure about their sexual orientation or gender identity.

Reparative Therapy: >An intervention intended to change an individual's sexual orientation from LGBTQ to heterosexual; also known as Conversion Therapy.

Sexual Orientation: A person's attraction to members of the same and/or opposite sex. Includes gay, lesbian, bisexual, and heterosexual.

Transgender: An umbrella term that can be used to describe people whose gender expression is nonconforming and/or whose gender identity is different from their assigned sex at birth. This term can include transsexuals, genderqueers, cross-dressers, and others whose gender expression varies from traditional gender norms.

Transition: The time period when a transgender person starts living as the gender he or she identifies as. Often includes a change in style of dress, selection of new name, request that people use the correct pronoun, and possibly hormone therapy and/or surgery.

Transphobia: An irrational fear of, and/or hostility towards, people who are transgender or who otherwise cross traditional gender norms; often associated with homophobia.

Transsexual: A term for someone who transitions from one physical sex to another in order to bring his or her body more in line with his or her innate sense of gender identity. It includes those who were born male but whose gender identity is female, and those who were born female but whose gender identity is male, as well as people who may not clearly identify as either male or female. Transsexual people have the same range of gender identities and gender expression.

**Glossary of terms taken from GLSEN 2010 and http://www.nyacyouth.org/docs /uploads/. Recommended-Best-Practices-for-LGBT-Homeless-Youth-040909.pdf

Appendix B
LGBTQ Resource websites

LGBTQ educational activities, training activities:
http://sait.usc.edu/lgbt/education/educational-activities.aspx

LGBTQ national organizations:
http://gaylesta.org/resources.html#national
http://www.glaad.org
http://www.hrc.org

GLAD transgender resources:
http://www.glad.org/uploads/docs/publications/trans-resources.pdf

LGBT youth and homelessness resources by state:
http://www.aliforneycenter.org/resources.html

Parents, Families and Friends of Lesbians and Gays
http://community.pflag.org

Trans Youth Family Allies
http://www.imatyfa.org

Colage, people with LGBTQ parent/s
http://www.colage.org/

Trevor Project – suicide prevention in youth
http://www.thetrevorproject.org

APA Division 44 – Lots of resources
http://www.apadivision44.org/resources/websites.php

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