Scenario #1
A nine-year-old boy in the fourth grade of a public school was evaluated by his pediatrician for frequent stomach aches causing school absences. No medical cause was found other than distress caused by bullying at school. The pediatrician referred the child and family to a psychiatrist. The parents reported a 1-year history of mood and behavioral change, including onset of separation anxiety, reluctance to engage in peer group activities, and introversion in a formerly outgoing, popular child. This change occurred in the context of lack of proficiency in, and an aversion to, gender-typical interest in team sports, leading to loss of social standing with peers. He prefers to participate in school drama and dance activities instead of athletics. On one occasion, peers teased him for wearing a purple spangled costume they considered effeminate in a dance performance. Since then, they have been calling him names, including faggot and trans.

The school has been applying its nonbullying policy inconsistently. Parents are warm, loving, and appropriately concerned, but confused about how to best support their child. They met with the school administrator, who explained “some of our families don't agree with the gay and trans agenda, and our non-bullying policy doesn't include disagreeing with their family values.” The parents are unsure how to respond.

In follow-up, the father expressed feeling like a failure. He himself had suffered from social anxiety as a child. He identifies with his son, and he blames himself for failing to protect him as he would have liked to have been protected by his own father at the same age.

In a separate individual interview, including interactive play and art techniques, the child’s drawing of a family was noteworthy for the depicted child being distant from the adults, and the male adult figure being drawn less colorfully and appearing to frown. The child expresses no gender dysphoria, either in drawings or in play.

Scenario #2
The parents of a 14-year-old girl are requesting a psychiatric evaluation for their daughter. They live in the suburbs 2 hours outside of a large city and have been referred by the high school counselor, who told them their daughter was found in the school bathroom cutting her forearm with a box cutter. The cuts are superficial and do not require medical attention, and when initially evaluated, the teenager reports this behavior has been ongoing for most of her freshman year of high school. She says that all of the close friends she had since elementary school have stopped talking to her, “because they all found out I like girls.” She spends most of her time after school at home in her room, talking with friends online, all of whom live in other parts of the country. She says they are the only ones who understand her, and that she has no one else to talk with about her sexual orientation: “If I talked about how I feel in real life, my parents would freak out, I can’t tell them anything.” She discloses feeling increasingly depressed and suicidal since coming out to a peer at school and thinks if her parents discover she is a lesbian then they will “disown” her. She says, “they don’t know any gay people, and I’ve heard them say homophobic things.”

Upon further inquiry about her online life, the patient reveals she has developed a close relationship with a teenage girl in another state. They often interact together online through a role-playing game that allows the patient to portray herself as a lesbian character. She reveals that she thinks she has romantic feelings for her friend and feels very isolated and worries about how her parents will react. Careful assessment of her history reveals that the youth's pattern of attractions is an enduring component of stable interpersonal relationships, albeit a conflicted one. She then asks her psychiatrist, "Are you going to tell them?"

Scenario #3
The client is a Black female student-athlete on full scholarship at a large state institution, where she is majoring in engineering. She is an out-of-state student from a middle- to upper-class family where both parents were working professionals. The client comes to the counseling center in the spring semester of her sophomore year. She seems uncomfortable in the counseling milieu, squirming in her seat, smiling when uncomfortable, and unable to maintain direct eye-contact for extended periods of time. The client reports feeling highly stressed and anxious regarding team performance, academic workload, and grades, as well having to adjust to a new coaching staff and uncertain role on the team.

The client senses that she is perceived as someone who does not have any problems, is smart and does not have to work hard, is physically attractive, and has a "perfect life." She has developed into a highly independent young woman who never asks for help from others and always feels in control and emotionally stable—at least on the outside. Eventually the client's feelings of inauthenticity and vulnerability to others' regard of her surfaced. She reports often feeling "disconnected."

The client's greatest concern is her family of origin's sports-centered culture and how it has perhaps shaped her relationship dynamics and sexual identity. The client recalls that her parents often rejected her wardrobe choices and those of her friends as she became an adolescent and joined teams with more "masculine-looking" girls. Her parents began controlling who she could hang around with due to their fears of her being gay, although at that time, the client was not fully aware of to whom she was sexually attracted.

As her college tenure progressed, the client began dating women and she solidified her sexual identity as a lesbian. Complicating her acceptance process, however, are mixed messages she has received from her teammates and coaches regarding what is and is not accepted on her team. The client continues to struggle with coming out, most profoundly with her parents' unwillingness to have a relationship with her if there is any mention of her sexual identity, her partners, or her friends. She feels this is particularly sad and frustrating as she has embraced the most salient aspects of her identity as a smart, Black lesbian.

Scenario #4
The client, a 22-year-old White community college student in rural Tennessee, presents as struggling with his coming out process. He is a "God loving young man" who finds it horrible that

he knows in his heart that he is gay. While he doesn't fear death or Hell, as his grandmother has reminded him happens to those like him, the client does fear some kind of retribution from God, classmates, teachers and neighbors. The client seems certain that his church will abandon him, as will God, and he indicates he has considered suicide in the past. He reports that he "might be happier all around" if he hurts himself in some way, but that he also wants to live a gay lifestyle.

The client would like to go on to a 4-year university to be a high school science teacher, although he's already been told that he can't be gay and a teacher, and no one would hire him. He thinks he might like to leave Tennessee and his rural environment, but fears losing his "link to God" and his basic religious roots. He expresses that God is "the anchor" to his life.

Scenario #5
The client is a 38 year-old White, cisgender female seeking counseling for depression, anxiety, and feelings of hopelessness. She identifies as a lesbian and has been "out" since her early twenties, and reports that she has struggled with depression and anxiety since adolescence. Although the client co-parents two daughters, ages 2 and 6, her partner recently dissolved the relationship, saying she was no longer in love with the client. The client reported feeling completely "turned upside down, confused, desperate, and totally devastated." The client moved out of the family home and now resides in a two-bedroom apartment. They have agreed to share physical custody of the children. Although both the client and ex-partner have complied with this agreement, the client reported that it's a "struggle" and that her ex-partner makes it difficult to agree on consistent terms of their agreement, which, according to the client, adds to the "despair" she already feels.

The client and ex-partner had been in a committed relationship for 13 years. During their first few years as a couple, they planned their future together which included having children. Both children were conceived through artificial insemination from two different anonymous donors. The ex-partner is the biological mother and also gave birth to both children. The client has legally adopted the oldest child while the adoption of youngest child is still pending.

It was decided before the birth of the children that the client would work from home so she could care for the children and not depend on outside childcare. The client was able to carve out a small part-time graphic design business with no benefits; benefits such as health care would be provided by the partner. During this time, the client started taking college classes with the hope of completing a graduate degree. At the time of the separation, the client was five classes short of a graduate degree and currently taking a hiatus to get her life "in order."

The client reported a close relationship with her ex-partner's biological family but has heard very little from them since the relationship ended. Since the client's parents are deceased and she has no siblings, she had considered ex-partner's family her own for many years. The client feels completely alone.

The client and the ex-partner never sought couple's counseling, but the client has now made an appointment for individual counseling. She reports that she has "been meaning to start"

counseling for a long time. She has feelings of betrayal, anger, confusion, and underlying hopelessness. Her “family” as she knew it no longer exists; she felt for 13 years that she had a family of her own again, but now all dynamics are different. The ex-parther’s family is in the client’s life because of the children, but how will that manifest in the future? The client also has questions about the legal adoption of the second child, and where that would leave the child as well as the client regarding her parenting rights.

Scenario #6

The client, a 46-year-old Latina and a midlevel executive in the Northeast, recently decided to move closer to friends and family in the Midwest. She is self-identified as a lesbian but never came out to her colleagues at work out of fear of discrimination and bias. The client has been very active in a few local and regional LGBTQ advocacy organizations and decided it was important for her to list her involvement on her resume. The client has applied for over 45 jobs in the past three months, and for many of these positions, she exceeded minimum qualifications. Although the client has made the conscious decision not to come out at work or to many of her family members, she has reached a point in her life where she is “ready to embrace her true self,” so it was meaningful for her to list her involvement in such activities.

After three months of no interview offers, the client began to question whether she was being discriminated against based on her work with LGBTQ advocacy organizations. At the same time, the client wondered if she was being discriminated against based on assumptions about her ethnicity, as her last name, might sound “typical.” Although she was unable to test her assumptions about ethnicity, she did decide to remove her involvement with LGBTQ advocacy organizations from her resume. The client applied to a few more positions and received three calls inviting her for interviews. At those interviews, the client sensed that her ethnicity might actually have helped her gain invitations. However, on two separate occasions, the client felt judged about her clothing and physical presentation, about not being a “girly-girl” and wearing clothes not considered to be feminine, even though they were professional.

The client now has concerns about not being able to be her “true self” and is unsure if she would feel “safe” coming out at a new place of work, despite her interest in doing so. The client has begun to think that her personhood will continue to keep her at a certain professional level, and she feels anger and confusion.

Scenario #7

The client is a 74-year-old Black lesbian who lives in Manhattan. Until she graduated from high school, she lived in the South, growing up in a strict fundamentalist household. Her father was a preacher and her mother was the church secretary. She had “crushes” on other girls and in junior high school realized what her attraction to these girls meant. As an active member of her father’s church, she felt ashamed of her feelings and did her best to conform to the church’s belief that homosexuality was a mortal sin.

At the end of her senior year, the client became good friends with another girl from the church. They had sleepovers and talked about their dreams, and they discovered they both had the same attraction to women. During a sleepover, her mother “caught them” in bed, “freaked out,” dragged the client out, and started beating her with a belt. The client’s parents told friend’s parents. Both girls were sent to a church camp for “troubled teens.”

The camp was a terrible and violent experience for both women, and they were indoctrinated to view themselves as evil, wicked, and undeserving of being with God until they changed their ways. The client began to hate everything about religion, and she couldn’t stop feeling that somehow God was punishing her. In the end, the client and partner ran away together to Manhattan, where they stayed with a young gay male friend for the first year.

The client struggled throughout her adult years with depression, anxiety, and guilt. When her beloved partner was killed in a car accident, she blamed God for her problems and the church for rejecting her. At the worst times, she abused alcohol to make herself feel better, but she always realized that that was not going to save her.

The client retired two years ago from a bank where she worked for many years as a senior loan officer. She learned that her mother had recently passed away and nobody in the family informed her. If an old high school friend hadn’t found her and told her, she would not have known her mother she died. This lack of communication from her family brought back her angry memories about religion and God. She called her father and said she wanted to visit her mother’s grave; her father asked her if she had “changed her ways,” and she honestly responded, “No, Dad, I am still a lesbian.” He called her the “devil incarnate” and told her he didn’t have a daughter.

The client’s first instinct was harm herself in some way, but she realized it would not help. She started thinking about the Goddess that she often turned to, wondering how she could gain acceptance from her father. Then, she wondered if the Goddess would even think it necessary for her to convince her religious father of anything. The client is confused again; she wants to connect with her family of origin, but she doesn’t see how that is going to be possible. Instead of love for her parents, she begins to feel the “hate” that she used to feel for her father and the church. This frightens her because she has a strong inner core of religious/spiritual values (perhaps partially left over from her childhood), and she feels it is wrong to hate anyone as strongly as she does for her father.

Scenario #8

The client is an 82-year-old White man who has identified as bisexual his entire life. He has been married for more than 55 years to the same woman. When the AIDS epidemic hit in the 1980s, he told his wife about his attraction to men. While they decided not to divorce for the sake of the children (two sons), they started sleeping in separate bedrooms. Although the client has had the same physician for many years, he is reluctant to share some of his more “personal” medical issues with him. When the client shared even the basics about having sex

with men and women in the past, the doctor told the client his behavior put his wife at risk, which made the client feel ashamed about his behavior.

In the past eight years, the client lived with his wife but has had a committed sexual relationship with his partner, a 69-year-old Black man. Recently, his wife was admitted to a long-term care facility due to a stroke that left her paralyzed and unable to communicate well. The client also has medical problems. He has had severe arthritis and high blood pressure for several years now. About a year ago, the client started having rectal bleeding. He waited for more than 6 months before going to the LGBTQ community clinic again. The doctor there suggested that he go to his own doctor for further testing. Although embarrassed to do so, he went to his own doctor and after testing found out that he had anal cancer. By that time, the disease had progressed and the client went through surgery as well as chemotherapy. Now he needs more, help and his doctor wants him to go into a long-term care facility.

The doctor recommends that he go into the same facility as his wife and then they could share a room. His partner wants the client to move in with him because his partner wants to take care of him. The client does not want to share a room with his wife in that facility. The few times that his partner went with the client to visit his wife, he noticed the lack of diversity at the nursing home and that the staff talked with him but avoided talking with his partner. However, if he moves in with his partner, the client fears his sons would think that was “weird” and would want to know why he does not want to be with his wife; neither of them had ever disclosed the client’s sexual orientation to their sons. The client feels more and more hopeless every day; he doesn’t want to lose partner if he chooses to go to a nursing home, and he has not yet discussed his options with anyone.