COUNSELLING COMPETENCIES FOR LESBIAN, GAY, BISEXUAL,
AND TRANSGENDER CLIENTS: A GROUNDED THEORY RESEARCH

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A Dissertation Submitted in Partial Fulfillment of the Requirements for the Degree of DOCTOR OF PHILOSOPHY (Applied Psychology)

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THE DISSERTATION TITLED

COUNSELLING COMPETENCIES FOR LESBIAN, GAY, BISEXUAL,
AND TRANSGENDER CLIENTS: A GROUNDED THEORY RESEARCH

BY

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OF THE REQUIREMENTS FOR THE DOCTOR OF PHILOSOPHY
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Lesbian, gay, bisexual, and transgender (LGBT) psychology has been studied and has evolved significantly since 1980. However, appropriate strategies for effective counselling with the LGBT community is still in the developmental phase. The purpose of this research was to study LGBT counselling competencies in Thai counsellors. The qualitative research used a constructivist grounded theory method was the technique used to collect rich data from intensive interviews with thirteen participants, to gather approaches, abilities, values, beliefs, perspectives, and attitudes. The research results showed that the capacities of LGBT counsellor, the awareness of LGBT issues and challenges, the advocacy and supports of LGBT individuals, and ongoing self-development are the main categories for competencies. These constructed competencies for LGBT clients have shown that Thai counsellors focused more on building an emotional connection and thinking of their clients as a part of their family. The recommendations collected in this research represented the more humanistic client-centred approach that is common among Thai counsellors. These emerged competencies were then synthesized to construct Guidelines for Counselling Providers to support LGBT clients, which aimed to be used as primary resources to assist counsellors to enhance their effectiveness in the counselling journey with their clients. The guidelines were drafted, then reviewed after suggestions by counselling professors, implemented with psychology counselling students before being modified in the final version. The limitations of research revealed that the majority of the participants do not have an academic degree in counselling, but rather attended short courses to learn counselling skills before first working as an intern and then later as a full-time professional counsellor. If the interviews were conducted by psychiatrists or clinical counsellors the results may vary. While the participants may tend to use their feelings, emotions, or in their own words, “heart” to deal with the issues of clients and may not be familiar with formal counselling approaches, they all showed the capacity to understand the counselling process. Therefore, an academically certified counsellor or psychologist should interpret these works and apply them accordingly.

Keyword : Counselling competency LGBT individuals Grounded theory, Guidelines
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CHAPTER 1
INTRODUCTION

Background of the Research

Lesbian, gay, bisexual and transgender (LGBT) are individuals who recognize themselves as non-heterosexual or non-conforming to their sexual organs. They experience same-gender attraction and/or have a sexual orientation towards persons of both genders (Charles, 2013; Miller, 2014). Even though they are in the same group of sexual minorities, LGBT individuals are a diverse group with significant differences between each group. A lesbian is a woman who has sexual desire, emotional, erotic and physical attractions towards women only. In Thailand, there are two major groups of lesbians. First, lesbian individuals who are called “Tom” who behave, act, dress, speak and talk like men. The second group is lesbians who are called “Dee” who act, behave and dress as women but prefer to date and have an affectional attraction toward “Tom” lesbians. On the other hand, gay is a term for a man whose preference and physical, emotional and affectional attraction is towards men. Bisexuals are individuals whose sexual desire, physical and emotional attractions are towards both same-sex and other-gender individuals. Finally, Transgender are individuals who identify and express their gender different from the biological sex in which they were born, sometimes by seeking medical treatments and surgery (Chomduang, 2003; Filmore, 2014; Graham, 2009; Mahidol University & Office, 2014; Park, 2016).

Several researchers have discovered that LGBT individuals encounter psychological issues. This is because frequently they are reported to have been abused, neglected, ignored, and bullied both directly and indirectly within community, society, and country through heterosexism, religion, government regulations, or due to a lack of social and family support, or anti-gay harassment (Charles, 2013; Shilo, Yossef, & Savaya, 2016). In 26 countries, for example, Australia, the United States of America, France and Canada, have launched laws to allow and encourage the acceptance and public expression of LGBT sexual identities and same-sex marriage. However, the
unsolved experiences of discrimination that LGBT individuals face and also uncertain social and political situations may still cause some difficult life circumstances. These may lead to self-doubt, self-hatred, depression, self-harm, suicide, drug and alcohol abuse, and other adverse consequences on their well-being (Gibbs & Goldbach, 2015; Puckett & Levitt, 2015; Yardley, 2010).

Thailand has a reputation to be a tolerant society in terms of personal behaviour including homosexuality as long as one does not pretentiously display the behaviour. One of the most prevalent societal and cultural issues that LGBT individuals in Thailand encounter is the rejection from family. For Thais, honouring parents, following and living under parental expectations, and preserving the family reputation are important social norms. However, these norms often go against or cause the suppression of sexual expression as individuals attempt to live according to these norms and to avoid discrimination or confrontation (UNDP and USAID, 2014). LGBT in Thailand can also be suppressed by their religious faith. In Buddhism, ‘Kateoy’ or a man who has romantic sex with another man ‘as a woman does,’ cannot ordain to be a monk. Some believe that LGBT individuals have bad karma because of sins from their previous lives, while others believe that they cannot control their desires or have no dharma in their lives (Kanoksilpdham, 2013). In much of Thailand, LGBT individuals will be accepted as long as they conform to general social norms, culture, and family traditions. However, acting out their sexual expression may cause them to be targeted verbally or through rejection, abandonment, isolation or even physical assault and violence (Ieamkong, 2010; Ocha, 2013; Mahidol University et al, 2014). These LGBT individuals may seek support through therapeutic sessions with counsellors who have the professional skills and also understand and empathy for LGBT issues and their struggle to find their identity (Association of Lesbian & Counseling, 2009; Filmore, 2014; Amney Harper et al., 2013).

Competencies are the sufficiency or capacity to integrate knowledge, skills, and attitudes, which when developed through training or working experience, allowing counsellors to be more effective. They also involve understanding, relationships, self-awareness, safety, resilience, and tolerance with clients’ situations and lives. In this
research, competencies will involve working with different sexual and gender orientations of LGBT individuals (Filmore, 2014; Logan & Barret, 2006).

Recent research revealed that 50% of LGBT individuals have been dissatisfied and displeased with the counselling they have received, not only because of the counsellor’s lack of understanding of LGBT concerns but also because of the negative and heterosexist attitudes held by the counsellors. Hence, a percentage of LGBT clients decided to terminate the counselling after just one session. Additionally, most counsellors are not usually confident or may lack the knowledge and methods to address issues specific to LGBT individuals. However, more recently, some professional psychology associations have acknowledged this issue and have raised awareness and specific knowledge to support and develop counsellor’s competencies for working with LGBT clients. (Filmore, 2014; A Harper et al., 2012; Amney Harper et al., 2013; Logan & Barret, 2006; Singh, Boyd, & Whitman, 2010).

As LGBT are a diverse group of individuals, each sub-group experiences different discriminations, biases, social statuses and ways of life. Therefore, counsellors who work with LGBT need not only to have counselling competencies towards LGBT that are inclusive, they also need to gain knowledge, skills, and experience through practicing with each group they work with. Therefore, counsellors who support LGBT clients have great opportunities to explore and discover appropriate and effective approaches, techniques, models and programs to support this unique but diverse group of individuals (Bieschke, Perez, & DeBord, 2007; Clarke, Ellis, Peel, & Riggs, 2010).

During an informal primary conversation/interview with a potential counsellor from M Plus foundation, she shared her experience regarding LGBT counselling:

“This is my fifth year working with the M Plus foundation. I’m a retired nurse. Yes, counsellors need to know about these groups, know who they are and what they want in their lives. All counsellors and staff in this foundation must attend a seminar, take a short course then take the exit exam so that they understand who we support. Fortunately, I studied psychology so I have foundational knowledge and know techniques to work with clients but all of us here need to be trained then practice to
discover, recognize and analyze the root of their [clients'] issues. Usually, the main issue which I recognize from individual counselling is rejection from the family and their need to keep their lives as transgender individuals secret. Some of them dress as young men when they leave their house but prepare another bag with girl clothes to get change when they are in town or hang out with their friends. Bullying happens among teenagers at the school or college from their peers. Transgenders always try so hard to make themselves beautiful as women and sacrifice their lives and bodies to be modified or take the pill but their dreams are often still unfulfilled " (Kannika Tridej, personal communication, March 15, 2018).

"We provide individual counselling sessions 5 days a week, and group counselling on Friday and Saturday. We need to have a close and mutual relationship with these groups, learn and get to know them personally. I find that they are lovely, polite and as hard-working as some as other groups in society or even more than some others. We have maybe five genders here: gay, lesbian, man, woman, and transgender and we realize that clients tend to trust counsellors who have a sexual identity similar to themselves, such as a bisexual client trusting and preferring to talk with our bisexual counsellor rather than myself. Counsellors need to prepare themselves with information regarding these clients" (Kannika Tridej, personal communication, March 15, 2018).

The above is a summary of five years of a participant's professional counselling and supervisory experience in Thailand. It reveals that knowledge, practice, training, teamwork and genuine relationships with empathy are valuable for supporting LGBT clients.

Most previous studies related to counselling competencies have only focused on the individualism of a western societal context and do not included and reflect the Thai values of collectivism and homogeneity and Buddhist ideals that exist here. As a result, western studies may not be as complete or beneficial as Thai counsellors may require.

This research will be to gather and explore subjective data from professional Thai LGBT counsellors which can then be used to construct counselling competencies
that are more appropriate for Thai culture and clientele. The data will also be collected and processed through a Thai researcher to enhance the body of knowledge regarding counselling competencies in a Thai cultural context. The target of this research is to explore professional Thai counsellors’ experiences with therapeutic sessions to develop more relevant competency guidelines.

The researcher’s role is to acknowledge details of these experiences by being an active listener to the perspectives of the counsellors while they describe the elements, meanings, factors, and components which they perceive as effective counselling competencies for LGBT clients. The method to be used in this research needs to be subjective, flexible and suitable with psychological counselling, it must celebrate the diversity of LGBT individuals and also be relevant within the Thailand cultural context. Therefore, qualitative research: constructivist grounded theory method is deemed most appropriate for this research as it will collect rich data from research participants including values, beliefs, perspectives, ideas and background attitudes which influence human life and experiences as well as their interaction with others (Charmaz, 2012, 2014; Clarke et al., 2010).

It is important to note that the researcher himself is part of, and very familiar with, the LGBT community and has connections with LGBT organizations. He regularly meets with an LGBT activist from a centre in Chiangmai, as well as staff from M-Plus Foundation and Sisters Foundation (a Transgender advocacy centre). The researcher also consults with a psychiatrist for transitioning and transgender clients at Tangerine Clinic, Bangkok. Furthermore, the researcher has prepared himself in regards to qualitative research, interviewing skills, observation techniques and data analyzing along with a constructivist grounded theory method so that the researcher has the primary abilities and knowledge to facilitate this research.
Objectives of the Research

1. To study LGBT counselling competencies in Thai counsellors.
2. To generate LGBT counselling competencies guidelines that may be used as a primary resource for counsellors to better support LGBT individuals

Research Questions

It is important to note that these research questions are initiative questions. They are modifiable and do evolve during the research process. The starting questions for this research are:

1. What are the counselling competencies for LGBT clients?
2. What are the significant details of appropriated counselling competencies guidelines constructed specifically for LGBT clients?

Scope of the Research

This research employed qualitative research: the constructivist grounded theory as the research methodology based on Kathy Charmaz’s book: Constructing Grounded Theory: A Practical Guide Through Qualitative Analysis (2014). The researcher investigated and described counselling competencies from professional counsellors who have experience in working with LGBT clients. The data collection methods for this research were observation, intensive interviews and focus group discussion. Besides, the researcher had prepared and immersed himself in this research phenomena and literature regarding counsellors’ experiences, LGBT individuals and counselling competencies as much as possible.

The researcher conducted a primary find out using an informal conversation interview with a professional counsellor from the “M Plus foundation”, who does individual counselling with LGBT clients. Afterwards, the researcher had requested suggestions for and introductions with additional counsellors who are also involved with LGBT organizations and also have experience in counselling LGBT individuals. The researcher then purposively selected three counsellors as the next participants for this research and continue this way using a linear snowballing method to locate further research participants.
Definition of Terms

All terms below are defined from the literature review however they may be changed or modified during the research process following the constructivist grounded theory method.

**Grounded theory** is methodologically designed to reenact experience from the words of the participants through coding and generating theory (Haroon et al., 2015)

**Constructivist grounded theory** is an approach which acknowledges subjectivity and the researcher’s involvement in the construction and interpretation of data.

**Guidelines** refer to a handbook of collected knowledge, summarized specific statements or friendly recommendations which leads to best practices as well as professional conduct, approach, behaviour, and ongoing development for psychologists or counsellors. Guidelines, generally, differ from the standard in the light of flexibility and hold the intentions as the aspiration for better practice, not mandatory as of the standard (Association, 2012; Haroon, Ranmal, McElroy, & Dudley, 2015)

**LGBT Counselling Competencies** are the knowledge, skills, experiences, and abilities of a counsellor that facilitate or serve to promote the healthy lives of LGBT individuals, families, and communities while maintaining an appropriate attitude toward the social and cultural experiences that surround LGBT individuals.

**LGBT Counselling Competencies Guidelines** are a collection of useful information and instructions which leads to better practices and gives insight to the counselling providers to support LGBT clients.

**LGBT Individuals** are Lesbian, Gay, Bisexual and Transgender persons who have a non-heterosexual orientation or gender identity. They are individuals who recognize themselves as non-heterosexual or non-conforming to their biological genders. They typically experience same-gender attraction and also can have a sexual orientation towards persons of the same-gender or persons of both genders.
Lesbian is a woman who has sexual desire, emotional, erotic and physical attractions toward women. In Thailand, there are two major groups of lesbians. First, lesbian individuals who call themselves “Tom” who behave, act, dress, speak and talk like men. The second group is lesbians who call themselves “Dee” who act, behave and dress as women but prefer to date and have an affectional attraction toward “Tom” individuals.

Gay is a man whose preference and physical, emotion and affectional attraction are towards men.

Bisexual are individuals whose sexual desire, physical and emotional attractions are towards both same-sex and other-gender individuals.

Transgender is an individual who identifies and expresses their gender outside of the biological sex.

CIS man or woman, Cisgender is a modern term for people whose gender identity matches the sex that they were assigned at birth.

Significance of the Research

As LGBT individuals and communities have been growing quickly in recent decades, counsellors need to develop their knowledge and practices to work with them. The diversity of LGBT individuals has also led to more exploration and investigation of suitable approaches to support each sub-group uniquely and holistically. This research has contributed to a body of knowledge, which then leads to practice and action regarding counselling competencies for LGBT clients.

The research also provides appropriate counselling competency guidelines which will be encouraged to be used among counsellors and LGBT organization’s staff to promote confidence, skill and positive attitudes toward LGBT clients. Finally, the research is an important contribution towards the knowledge on how to develop a counselling model or program and counselling activities regarding LGBT individuals with supportive and effective counselling.
CHAPTER 2
LITERATURE REVIEW

This research used an LGBT counselling theoretical framework to explore counselling competencies and the experiences of counsellors and LGBT clients throughout therapeutic sessions. A literature review was employed to explore gaps and implications in the present processes regarding LGBT individuals’ issues in Thailand. The literature had been reviewed as a starting point for the research and not considered as pre-knowledge. In this chapter, the literature related to the research was divided into six sections as follows:

1. The concept of LGBT psychology
   1.1. LGBT identity and lifespan development Models
   1.2. The relationship between LGBT psychology and feminism
   1.3. LGBT in Thailand
   1.4. Research in LGBT issues

2. The concept of counselling competencies

3. The concept of guidelines

4. Client-centred approach

5. The concept of Grounded Theory

6. Conceptual framework

1. The Concept of LGBT Psychology

LGBT individuals typically experience internal struggles with their sexual and gender identity and for some, their expression has led to rejection within their social circles or internalized from the culture at large. LGBT individuals not only experience internalized confusions because their gender identities may be incongruent with their sexual orientations but these individuals also face institutional and personal prejudices, homophobia and anti-homosexual discrimination. People in the general public often believe that there is something that is “unusual or unnatural” inside of LGBT individuals.
They believe that LGBT individuals need to be changed or converted from who they are or how they express to begin to behave, think, or talk like the majority who believe and express through a heterosexual paradigm. In short, there is a belief that the conversion of homosexuals to heterosexuals needs to take place to make them right. (Calvillo, 2011; Cane, 2010; Gibbs & Goldbach, 2015; Puckett & Levitt, 2015; Yardley, 2010).

The concept of conversion away from an LGBT lifestyle or “conversion therapy” was accepted and utilized by counsellors, practitioners, and psychologists for many years and was often founded and connected to those who possess conservative religious perspectives. Those who held these perspectives believed that homosexuality was less related to nature or genetics but rather was a choice and condition which could be healed or converted through therapeutic or religious sessions. Hence, the outcome of conversion therapy was changing a homosexual orientation to be heterosexual. However, this therapy was later formally recognized as a harmful, unethical, and discriminatory practice as well as a process which would instil an internal homonegativity and generate higher levels of prejudice within and towards LGBT individuals. Conversion therapy or sexual reorientation therapy has become less acceptable and has lost official support due to further studies and research results which have verified that it was damaging, oppressive and threatening to the community. Further studies have shown that homosexual or LGBT individuals are just as psychologically healthy as other sexual identities. This positive and supportive trend began in the late 1970s and then spread in many cultures with a new term regarding therapeutic supports to LGBT individuals as a “gay affirmative therapy” (Calvillo, 2011; Cane, 2010; Gibbs & Goldbach, 2015; Puckett & Levitt, 2015; Yardley, 2010).

At first, the term “gay-affirmative” therapy was used to challenge the conservative perspectives on homosexual individuals and the belief that a homosexual was perverted and needed to be healed. Then this term was further developed to “lesbian and gay psychology” among counsellors in the West in the 1980s to confirm that homosexual individuals, lesbian and gay, are “normal and healthy in mind.” Affirmative therapy seeks to affirm to LGBT individuals that same-sex and both sex
attractions are normal and should be celebrated. Counsellors or psychologists who work with LGBT individuals are now encouraged to validate and advocate for LGBT sexual identities as well as expanding their awareness related to homosexuality. From the era of stigmatization and discrimination of being diagnosed as having a mental illness to the change of being recognized, accepted and affirmed through psychology positive approaches, the affirmative therapy movement has provided outstanding relief for LGBT individuals. Sometimes, there is a tendency to call these individuals homosexual, however, an appropriated and inclusive term to refer to them which is now widely accepted is LGBT individuals. Furthermore, LGBT individuals now are in the spotlight of social justice and positive psychology. Counsellors and social workers bring their awareness and studies to focus more on LGBT individuals and communities than ever before. These recent movements have helped by providing social justice advocacy, appropriate healthcare and effective mental supports for these minority sexuality individuals (Calvillo, 2011; Charles, 2013; Clarke et al., 2010; Shilo et al., 2016).

The term “LGBT” is an umbrella term for four or more areas of non-conforming sexualities including lesbian, gay, bisexual and transgender. However, in some studies or research, the term LGBTQQIA is also used as it adds further categories under this umbrella; the first Q for queer, the second Q for questioning, the I for intersex, and the A for the allies of individuals who support LGBT such as family, friends, schools or organizations. However, being under the same umbrella as a group of people who have been suppressed by social and culture doesn’t imply that LGBT individuals’ subgroups will experience the same level or degree of discrimination, verbal and physical violence, mental health issues or emotional struggles. This diversity, which happens among LGBT individuals, may create confusion as well as disunion within LGBT communities. On the other hand, this diversity also helps to create greater awareness of the limitations that may happen in LGBT research or psychology. For example, if researchers who work with the label of LGBT individuals while solely focusing on gay individuals, the techniques or programs they create may be effective for gay individuals but show poor results in bisexual or lesbian individuals. Instead, this focus on diversity provides a great
opportunity to study, explore and discover beneficial knowledge, skills as well as positive attitudes regarding a broader cross-section of non-conforming sexual expressions. Hopefully, these opportunities will also lead to further steps which will be appropriate and effective approaches utilized specifically for LGBT subgroups to enable them to deal with their issues and experience freedom within as well as support to live happy lives (Bieschke et al., 2007; Clarke et al., 2010; A Harper et al., 2012; Amney Harper et al., 2013).

In summary, LGBT psychology is still in the progress of development to help socially reduce stigma, discrimination, and violence which continues to be present as a result of social and cultural heterosexual prejudices. LGBT psychology, which began with gay-affirmative psychology, has gradually brought outstanding opportunities to LGBT individuals’ lives. In the past, they were diagnosed as having a mental illness, as being peculiar people who needed to be cured, modified, and converted and some even faced medical treatments such as electroshock to change their sexual orientations. Fortunately, today LGBT psychology, as in LGBT affirmative therapy, plays a significant role to support LGBT individuals so they can stand firm for who they are and be happy with their sexual identities (Clarke et al., 2010; Filmore, 2014).

1.1 LGBT Identity Development Models

“Coming out” is a term referring to a self-disclosure process which psychologist encourage to help LGBT individuals own their sexuality or gender identity. The stages of LGBT identity development have been explored in research models and theories in Vivien Cass’s work in 1979 and Weinberg, Williams, and Pryor (1995). Cass (1979), spent years developing her model through clinical work with gay and lesbian individuals. Then in the1990s, psychological professionals discovered bisexuality, therefore Cass’s model was used to develop a bisexual identity development model by Weinberg and his colleagues in 1995. Furthermore, the lesbian identity development model was developed by Susan R. McCarn and Ruth E. Fassinger (1996) through their research with a group of 38 lesbian participants. However, transgender identifying was not in the spotlight until the 2000’s, Lev (2007) developed her model “Transgender
Emergence Model” to display the process which transgender individuals will go through to identify themselves. Besides, Clifford and Orford (2007) developed the three-phases model regarding identifying transgender (Carolina, 2016; Clarke et al., 2010).

Coming out is a journey of self-discovery. Individuals reach a development stage of awareness for their untrue self as heterosexual until they can identify their “true self” as an LGBT individual. However, social context and sociopolitical climate are often significant barriers against this journey, as well as family, friends, workplace, community involvement and local support for the development of LGBT identity. Another perspective we need to consider when we see the comparison tables of LGBT identity development [see table 1 below] is the assumption of the development process as a linear, sequential and unidirectional process. LGBT identity development does not occur inside a rigid framework because there are many ways individuals move within and between different identities and stages. Instead, an individual’s sexual attractions, experiences, and identity are subject to change over time, are commonly referred to as, “sexual fluidity”. Therefore, the development models are primarily the terrain for psychologists and counsellors to find an appropriate starting point to work from to facilitate LGBT individuals to reach their “true self” at last (Carolina, 2016; Clarke et al., 2010).

The researcher assembled a comparison table of the different models of LGBT Theories and Identity Development Models that were available. This is found on the following pages.
### Table 1: Summarized Comparison Tables for LGBT Theories and Development Models

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<tr>
<td><strong>Stage 1: Identity Awareness</strong></td>
<td>Exiting a Heterosexual Identity— Realization of an identity other than what society has deemed “normal.”</td>
<td>Stage 1 Initial confusion – Confusion, doubt or struggle regarding sexual identity. Having strong feelings for both sexes but an inability to categories those feelings.</td>
<td>Awareness – Individual Awareness of feeling or being different Gay: “I wonder if there is something strange about me?” Lesbian: “I feel pulled toward women in ways that I don’t understand” Group Awareness of different sexual orientations in people Gay: “I had no idea how many gay people there are out there!” Lesbian: “I had no idea there were lesbian/gay people out there.”</td>
<td>Awareness – In this first stage of awareness, gender-variant people are often in great distress; the therapeutic task is the normalization of the experiences involved in emerging as transgender</td>
<td>Phase 1 Developing an awareness of being different – Managing internal feelings of gender confusion. Developing a full awareness that one’s internal (psychological) gender is different from the physical body.</td>
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<td><strong>Stage 2:</strong></td>
<td><strong>Stage 2</strong></td>
<td><strong>Exploration</strong></td>
<td><strong>Seeking Information /Reaching Out</strong></td>
<td><strong>Phase 2</strong></td>
<td><strong>Phase 2</strong></td>
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<td>Identity Comparison</td>
<td>Finding and applying the label – The discovery of the label 'bisexual'. First sexual experiences coupled with recognition of sex being pleasurable with both sexes.</td>
<td>Exploration of strong, erotic feelings for people of the same sex (or a particular person of the same sex). Gay: “I want to be closer to men (or a certain man).” Lesbian: “The way I feel makes me think I’d like to be sexual with a woman.”</td>
<td>Group Exploration of one’s position regarding lesbians/gays as a group (both attitudes and membership) Gay: “I think a lot about fitting in as a gay man and developing my gay style.” Lesbian: “Getting to know lesbian gay people is scary but exciting.”</td>
<td>Starting the process – Externalizing feelings of gender confusion and disclosing to others, and (potentially) accessing professional assistance</td>
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| Stage 3: Identity Tolerance  
- The individual tolerates their identity as being non-hetero-sexual. | Developing a Personal LGB Identity Status—The process of coming out to one's self and identifying to one's self as gay, lesbian, or bisexual. | Stage 3  
Settling into the identity – Self-labeling and self-acceptance. | Deepening/Commitment  
Individual Commitment to self-knowledge, self-fulfilment, and crystallization of choices about sexuality.  
Gay: "I might be willing to live with a male lover."  
Lesbian: "I feel more intimate sexually and emotionally with women than with men."  
Group Commitment to personal involvement with referenced groups, with an awareness of oppression and consequences of choices.  
Gay: "I get angry at the way heterosexuals talk about and treat lesbians and gays."  
Lesbian: "Sometimes I have been mistreated because of my lesbianism." | Disclosure to Significant Others – The third stage involves the disclosure of transgenderism to significant others (spouses, partners, family members, and friends); the therapeutic task involves supporting the transgendered person's integration in the family system. | Phase 3  
Acclimatizing to a new life – Psycho-logical adjustment to decisions made regarding gender identity and any subsequent lifestyle changes. |
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<td>Stage 4: Identity Acceptance</td>
<td>Developing an LGB Social Identity—The process of sharing a gay, lesbian, or bisexual identity (or coming out) to friends.</td>
<td>Stage 4 Continued uncertainty – Intermittent periods of doubt and uncertainty. Lack of balanced sexual desires and behaviour (i.e., more with one sex than the other)</td>
<td>Internalization/Synthesis Individual Synthesis of love for women or men, sexual choices, into overall identity Gay: “I feel a deep commitment to my love for other men.” Lesbian: “I am deeply fulfilled by my relationships with women.”</td>
<td>Exploration (Identity &amp; Self-Labeling) – The fourth stage involves the exploration of various (transgender) identities, and the therapeutic task is to support the articulation and comfort with one’s gendered identity.</td>
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<td>- The individual accepts their new identity and begins to become active in the “gay community.”</td>
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<td>Stage 5: Identity Pride</td>
<td>Developing an LGB Intimacy Status—The process of forming intimate relationships with people of the same sex.</td>
<td>Exploration (Transition Issues &amp; Possible Body Modification) – The fifth stage involves exploring options for transition regarding identity, presentation, and body modification; the therapeutic task is the resolution of the decision and advocacy toward their manifestation.</td>
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<td>-The individual becomes proud of their identity and becomes fully immersed in “gay culture.”</td>
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<td>Stage 6: Identity Synthesis</td>
<td>Entering an LGB Community—Coming out in multiple areas of one’s life and being active within the community, including going to events, bars, clubs, organizations, etc.</td>
<td>Integration (Acceptance &amp; Post-Transition Issues) – In the sixth stage the gender-variant person can integrate and synthesize (transgender) identity; the therapeutic task is to support adaptation to transition-related issues.</td>
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<td>-The individual fully accepts their identity and synthesizes their former “heterosexual life” and their new identity.</td>
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Sources: (Carolina, 2016; Clarke, Ellis, Peel, & Riggs, 2010)
In general, the coming out process can be seen in three stages Clarke et al. (2010). The process starts with the awareness that one’s self is not heterosexual during which time individuals may recognize or become aware that they are “different from normal”. They may feel this stage within themselves and they develop an awareness of being different. Some of them will exit or leave the heterosexual identity on this stage. However, in the case of bisexuality in the first stage, it starts with confusion between both sexes and the confusion or uncertainty may come back again at a later stage of development. For counselling during this stage, a safe space to discuss feelings should be provided as well as LGBT experience normalizing as they are important perspectives to be considered for an LGBT individual.

The second stage is the confirmation stage which occurs through same-sex or opposite-sex sexual experience (or such as in the relationship between Male-to-Female and Female-to-Male transgenders). Moreover, in this stage, LGBT individuals may begin by comparing, seeking or exploring their identities with others who are heterosexual, followed by comparing themselves with LGBT identities. For transgender individuals, this stage will involve gaining knowledge and support regarding transgenderism as well. The counsellor should be able to help and get accurate information and locate the right networks for LGBT individuals (Carolina, 2016; Clarke et al., 2010; Singh et al., 2010)

On the third or completion stage, LGBT individuals will go through a “disclosure” process with family and friends. As suggested by Clarke et al. (2010), “disclosure” refers to the ongoing phenomenon of exiting conventional heterosexual and gendered social expectations and making a commitment to LGBT identity. LGBT individuals may choose to come out to certain people and not to others. Relating to the third stage of identity development, LGBT individuals will begin to accept and claim their identities as non-heterosexual. This is followed by the development of their identities, being proud of themselves and adjusting themselves to this new stage in their life. However, in the case of transgender, they may further explore the possibilities of body modification. This final stage will be accomplished by identity synthesis - namely an LGBT individual will accept themselves along with synthesizing or integrating their new identities, and new modified
bodies for transgender individuals, with their former heterosexual lives. The counsellor, in the third stage, needs to advocate for LGBT individuals in the workplace and schools to help them to become more involved with the community. For transgender individuals, counsellors need to be aware that post-transition depression may occur in this stage (Carolina, 2016; Clarke et al., 2010; Singh et al., 2010).

As mentioned earlier, the models in the following table are a great primary resource for counsellors and psychologists to recognize the stage their client is currently at so they can be facilitated through the remaining stages. Recognize however that there is variation in the development stages that may be unique to each individual. Therapeutic support can play a significant role during all stages of LGBT identity development.

1.2 The Relationship between LGBT Psychology and Feminism

Feminism is a term that contains complex perspectives and meanings. It includes different dimensions, movements, and theories that relate to social behaviours between women and men and women’s rights and interests (Clarke et al., 2010). Clarke et al. (2010) reported that in the last decade the term “feminism” sounded like a group of women who hated men or were anti-masculine but it refers to the advocacy for women’s rights and sexual equality. It started among white women but has since spread to coloured and ethnic minority women as well as among lesbian, bisexual and transgender individuals and communities.

Clarke et al. (2010) suggested that feminism has grown rapidly and that there has been considerable movement in the last decade. She and her team also brought up the experience of “equality between men and women” to certain societies and cultures, however, tensions have emerged from these movements. Since the first feminism movements led by white women, there were issues, risks, experiences and injustice faced by white women who were well educated and lived predominantly in big cities. But these movements were less of a concern and there was a lack of advocates for women living in the countryside or who were considered to be coloured, low-class women. Besides, there are significant arguments against mainstream feminism and
feminist psychology. These arguments point out that mainstream feminism and feminist psychology had ignored and excluded lesbian, bisexual and transgender feminism. The evidence which supports these arguments is discussions that happened among mainstream feminists which focused only on heterosexuality. For example, the discussions will relate only to childhood, adolescence, pregnancy or motherhood which implies ignorance to lesbian, bisexual and transgender individuals who are also part of feminism but have no experience in such areas. For instance, a lesbian couple will not always deal with pregnancy and motherhood. Therefore, mainstream feminism was urged to extend its boundaries to include lesbian, bisexual and transgender issues in discussions such as child adoption, medical support for lesbian, bisexual and transgender women (Clarke et al., 2010).

Feminists (heterosexual, lesbian, bisexual and transgender) continually attempt to point out that people, as human beings, can express gender identity and sexual orientation in different ways. They can express themselves as being male, female, lesbian, bisexual, gay and transgender and are all good enough and equal in society. However, social norms, values, and culture can be influenced and limit people’s sexual orientation. For example, being in public or in some cases even with friends and family, people’s sexual orientations can be revealed as heterosexual, which is between men and women only. Therefore, feminists and LGBT psychologists together can advocate and launch approaches helping to get rid of bias, inequality aspects and “sexual mythology” which perceives that there are only “two sexes” in the world (Duangwiset, 2015).

In conclusion, feminism whether heterosexual, bisexual, lesbian or transgender feminism, is in the process of finding agreeable ground and appropriated unity among them. However, feminism contributes benefits to LGBT psychology by providing further information and practical movement and support.
1.3 LGBT in Thailand

Thailand claims to be the safest and heavenly country for gender and sexual minorities (GSM), what this research calls, LGBT individuals. In the last few years, there have been reports presented regarding the potential legislation for lesbian and gay marriage. Thailand was poised to be the first country in Southeast Asia to establish and legalize same-sex marriage. This all gives the impression that Thailand is leading the way in terms of LGBT acceptance. However, this may not be an accurate reflection of the country. Recent literature and research revealed that LGBT individuals’ issues in Thailand have often been ignored and rejected as a result of social and cultural norms. LGBT individuals often cannot freely reveal themselves in social environments such as schools, workplaces and even with family. Moreover, there is no law to support LGBT rights and equality in Thailand. The first gay movement occurred in Thailand as a result of HIV infection spread among people with gay individuals coming out to protest and advocate for their rights to have appropriate health care and to counter the social stigmatization (Ieamkong, 2010).

From the entertainment industry such as TV shows, games show, social media or movies and short series, LGBT individual’s issues are positively revealed and appear to have open acceptance within Thai culture and society. However, Thailand still retains a strong conservative culture that is particularly sensitive to the expression of sexuality. For example, the majority of people in Thailand still expect gay and bisexual individuals to conform to the norms of masculinity or femininity in their work, habits, sports, and even with family and friends. The culture still strongly discourages Thai LGBT individuals from perusing goals as political figures, executives and achieving high ranks in government official positions. Moreover, LGBT celebrities (mainly actors, actresses and popular singers) cannot consider coming out since social prejudice and bias will lead to discrimination against their careers and personal lives (Williams, 2014).

Recently, research was conducted by Mahidol University, Plan International and UNESCO Bangkok office (2014) regarding discrimination against youth LGBT individuals in schools in Thailand. The research found that 56% of self-identified LGBT
students were bullied and 25% of students who were perceived as LGBT were also regularly bullied by other students. The research revealed that merely the impression that a person is LGBT, homosexual or transgender was enough to cause discrimination and violence. This intolerance towards LGBT students in Thailand resulted in 23% of LGBT students suffering from depression, 31% being absent from the classes and 7% attempting self-harm or suicide. From the research, it is evident that most of the schools did not provide an effective policy to protect LGBT students from bullying. It may be due to a misunderstanding of bullying. Many headmasters and teachers believe that “bullying” means only physical hurt and not verbal insults or discrimination. Moreover, 68% of bullied LGBT students did not want to report issues because they believed it would not be taken seriously. Another reason for continuing bullying toward LBGT individuals in school is teachers’ lack of knowledge and awareness of LGBT issues, gender identity, and sexual orientations. Although, some teachers try to be positive with LGBT students, when they express their ideas about their students, they sometimes use terms which mean “deviant sex” (homosexual) or “sick in the mind” (mental illness) concerning LGBT students. The research results show that bias, lack of knowledge, lack of awareness and insufficient skills remain among these teachers and schools (Mahidol University & Office, 2014).

In Thailand, there is also discrimination as a result of religious and spiritual beliefs, which are interpretations of Buddhist or Christian views against non-heterosexual expressions. Therefore, some LGBT individuals also face difficulties and internal conflicts regarding their religion. Spiritual and religious beliefs are one of the sources of discrimination among LGBT individuals in general. This issue also should be explored during therapeutic sessions in addition to other issues such as stigmatization, discrimination, and violence (Cheng, 2010; Kanoksilapatam, 2013; Procter, 2013; Rodriguez & Ouellette, 2000).

In many ways, Thailand is no different from the other countries regarding LGBT issues because, in general, LGBT individuals still face misunderstanding, lack of sexual identity awareness, discrimination, violence, and bullying in their lives.
Psychologists and counsellors in Thailand need to be urged to build awareness, positive attitudes, sufficient knowledge and skills regarding LGBT issues so that they can have effective and positive, appropriate therapeutic sessions to assist and support LGBT clients. As a result, counselling competencies for Thai LGBT clients need to be constructed to provide practical guidelines for the psychologists and counsellors in Thailand.

1.4 Research into LGBT Issues

At present, LGBT rights and movements have risen more than at any time before. There are several researchers interested in studying LGBT issues both individually and within the community to enable people to provide support politically, socially and mentally for these individuals. Outland (2016) researched the development of a comprehensive tool that encapsulates all of the major dimensions of minority stress in LGB individuals. Salazar (2015) researched the influences of an LGBT curriculum on adolescent homophobia, biphobia & transphobia. This research helped to reveal problems such as bullying, poor schooling and a lack of education for LGBT individuals and also found some solutions for the problems, which are supportive administratively and include programs like Gay Student Alliance (GSA) and LGBT curriculum. These solutions provided a better social climate among students who showed low levels of phobia during the study.

Furthermore, Boisseau (2015) studied coming out experiences of LGBT adults. The study revealed that many LGBT people have sacrificed their happiness by settling for heterosexual relationships to fit society’s norm of what is acceptable. But LGBT individuals who decided to come out or open their sexual orientation to the community and accepted their authentic selves were shown to have a significant improvement in their mental health. Moreover, there is numerous research that focuses on Christian LGBT individuals and communities.

Jonathan E. Procter (2013) studied religious fundamentalism, empathy, and attitudes toward lesbians and gays within therapeutic relationships. The study found that there is not a statistically significant relationship between religious fundamentalism and
empathy in counsellor trainees. Wood and Conley (2014), in their research “Loss of religious or spiritual Identities among the LGBT Population”, discovered that a loss of religious or spiritual identity can cause negative mental health effects in some individuals. They found that LGBT individuals experience religious or spiritual abuse, via an increase of religious or spiritual inner conflict between religion versus sexuality, which leads to a loss of religious or spiritual identity.

Eric M. Rodriguez (2009) studied experiences of participants who attended a gay-positive church called Metropolitan Community Church of New York (MCC/NY) which is located in Midtown Manhattan. Rodrigues discovered that the majority of participants felt that their homosexual and religious identity was integrated successfully. The outstanding reasons for the integrations were higher role involvement at MCC/NY, being a member of the church, attending more MCC/NY worship services and activities/ministries and attending MCC/NY for more years.

Looking more closely at counselling and therapy for LGBT individuals, Joel Filmore (2014) investigated factors that influence the ability of master’s level counsellors-in-training to provide competent counselling to LGB clients. The study discovered that three variables, LGB-specific education, clinical experience, and affirmative relationship, influenced students’ perceptions of their competency in working with LGB clients. Each variable influenced students’ perceptions at different levels. Having an affirmative relationship was the variable that had the largest impact on students’ perception of their awareness and knowledge as related to the LGB population.

O’Shaughnessy and Spokane (2013) explored the relationship between participant personality and self-reported lesbian and gay affirmative therapy competency. They found that self-reported competency and demonstrated LG affirmative therapy competency did not differ significantly in their case conceptualization ability or self-reported competency based on receiving lesbian versus gay vignette, nor did they significantly differ when responding to a relationship versus adjustment concern after controlling for participant personality, the extent of the relationship, and sexual
orientation. The findings from this study were implied with practice and training on LG affirmative therapy

Israel, Gorcheva, Walther, Sultzner, and Cohen (2008) conducted an exploratory study to identify a broad range of variables that characterize psychotherapists’ perceptions of helpful and unhelpful therapy experiences of lesbian, gay, bisexual and transgender individuals. The study results suggest that a wide range of variables, including the therapeutic relationship, therapist response to the client’s sexual orientation/gender identity, type of presenting concern, and the therapy environment may affect the therapy experiences of LGBT individuals. Furthermore, the study also showed that factors such as ethnicity, gender identity, therapy needs, and socioeconomic status should be considered when providing mental health services to LGBT clients.

Smith, Shin, and Officer (2012) researched moving counselling forward on LGB and Transgender Issues: Speaking Queerly on Discourses and Microaggressions. The study found that multicultural/social justice issues continue to rise in counselling fields. The counsellor needs to have critical awareness to stop a system of oppression. The study also suggested that counsellors who support justice and equality for LGBT individuals need also to focus on activism in the upper levels of community, institutional and structural levels. To work with LGBT issues, counsellors need to integrate research, practice, and knowledge with the issues.

David Calvillo (2011) studied using a qualitative method to explore the perspectives of licensed mental health professionals who provide mental health services to lesbian, gay, bisexual and transgender individuals. The study explored both paths of therapy for LGBT clients; conversion therapy and LGBT affirmative therapy. The first therapy was accepted in the previous decades but later brought up many questions regarding the ethics of counsellors and the well-being of LGBT clients. Conversion therapy is aimed to change homosexual or LGBT sexual orientation to become heterosexual, which not only brings up internalized homo-negativity but also creates self-oppression, ineffectiveness and emotional damage to LGBT clients. The second
therapy, LGBT affirmative therapy had the goal of bringing LGBT individuals to have a greater sense of self-awareness, insight, and authenticity of their identities and be proud of themselves.

In Thailand, there are few studies regarding LGBT issues. Maturos Chomduang (2003) studied lesbian lifestyles in Thailand. The study suggested that to build relationships with lesbians they must begin with trust and unconditional acceptance. Lesbians are sensible with words and behaviour of family, friends, and communities around them. The study further suggested that parents should encourage LGBT children to comprehend the reality of society and support them educationally so they will understand and finally accept their lives and social environment.

Transgender individuals still represent a vulnerable subgroup of clients with unique and specific treatment needs related to the transition experiences. Collazo, Austin, and Craig (2013) identified that there is inadequate literature available to effectively guide work with transgender individuals. So, they did research to identify the key components of trans-specific clinical practice and the role of social workers in supporting and facilitating client transition. Social workers could help to provide advocacy, education, diagnosis as well as individual, group or family therapy for transgender individuals. To work with transgender individuals, social workers, clinician or counsellors need to commit to seeking trans-specific knowledge and expertise to ensure that their clients receive the best possible care, depathologizing gender variance, recognizing the validity of a spectrum of transgender identities as well as supporting the diverse needs of each client seeking to transition their sex/or gender.

Nuttbrock et al. (2010) examined the psychiatric impact of gender abuse across the life course of Male to Female (MTFs) transgender persons. Transgenderism is a phenomenon described as an incongruence between biological or anatomical sex and their gender identity. Male to Female transgender people are born with male genitalia and medically assigned as male at birth but subsequently, develop a sense of themselves as female or at least partially female in certain situations or roles. In conjunction with the Diagnosis and Statistical Manual of Mental Disorders, people who
experience gender dysphoria and associated reductions in social functioning are diagnosed with a gender identity disorder. Furthermore, studies regarding MTFs transgender people report that they have levels of anxiety and depressive disorder much higher than the general population as well as depression and suicidality. The findings in this study, in summary, suggest that the extremely high levels of lifetime psychiatric distress and gender-related abuse among MTFs (54.3%) is almost three times higher than the general population. Moreover, the period of life which shows very high levels of major depression is that of younger participants aged between 19-39 (38.4%) including increased suicidality during early adolescence as well. Furthermore, there is also a finding regarding a high level of gender-related abuse among sexual minorities. It was found that 78.1% of participants experienced gender-related psychological abuse and 50.1% experienced physical abuse. These gender abuses were extremely high during early and late adolescence but subsequently declined across the life course. Hence, an adequate understanding of the psychiatric sequelae of gender-related abuse among MTFs transgender persons and sexual minorities needs to consider the differential impact of this abuse on different forms of psychiatric distress across the life course.

McCullough et al. (2017) examined the counselling experiences of 13 transgender and nonconforming (TGNC) individuals via semi-structured, in-depth interviews. TGNC individuals are those whose gender identities do not align with the biological sex assigned to them at birth. These individuals experience and encounter discrimination and systemic oppression in society. Therefore, TGNC is vulnerable to higher rates of mental health disparities as well as sexual and physical assault, career-related discrimination, school bullying and harassment, homelessness, relationship loss, and denial of medical services. Therefore, counsellors need to consider how mental health can be helpful to reduce discrimination and prejudice experienced by TGNC individuals. However, mental health practitioners or counsellors were often found inadequately prepared to work with TGNC clients which creates questions regarding what TGNC individuals consider helpful and unhelpful about counselling and
counsellors. There are four main themes found in this study: (1) mental health professional selection process, (2) trans affirmative approach, (3) trans negative approach, and (4) support system beyond counselling. For the mental health professional (MHP) selection process, the participants consider two factors regarding this theme: firstly, MHP demographic identity including sexual orientation, gender identity, and race/ethnicity. These are important selection criteria because for some TGNC persons, to have an MHP who identified as TGNC made them feel safe in the relationship. Secondly, MHP filtering or a way for participants to examine their MHP and then make decisions about who they believe would be the most suitable to meet their mental health needs. Some participants described feeling uncomfortable in some ways because of body language or facial expressions of the MHP. TGNC usually search for MHPs who are more comfortable with TGNC-related concerns as a means of keeping themselves safe in the face of any transphobia or counsellor incompetence.

Moreover, a trans affirmative approach is described as an approach of accepting, advocating or educating others about TGNC (transgender and nonconforming) concerns as well as validating or affirming and not pathologizing TGNC identities, and understanding TGNC experiences of discrimination and marginalization. On this theme, two subthemes emerged: firstly, therapeutic alignment of MHP (mental health professional) exhibited behaviour and traits that increased participants’ feeling of connection and trust. Secondly, advocacy which consisted of supporting TGNC clients’ rights, empowering them to tell their stories, and acting with and on behalf of TGNC persons to help reduce systemic barriers and harm. When an MHP visibly showed support for TGNC clients in the community, they felt more understood and deeply supported. On the other hand, the third theme, trans negative approach, described as an MHPs’ misunderstanding, lack of knowledge of TGNC persons, expressing personal bias, invalidations, and microaggressions of TGNC individuals. In this theme, three subthemes emerged: lack of knowledge, experiential invalidations, and intersectional insensitivity.
The last theme is a support system beyond counselling, as participants often seek mental health services for reasons unrelated to their gender identities such as securing a letter for hormones or gender confirmation surgery. Some participants talked about the support which they needed from churches or religious communities as well as LGBTQ centres and Leather/sex-positive communities which celebrate all type of bodies. Finally, participants also mentioned communities that support and foster resilience and pride in their identity, a sense of belonging as well as vicarious learning through one another’s experiences.

Nantaya Kongprapun (2015) studied the development of quality of life of male to female transgender by acceptance and commitment group therapy. In the qualitative results they found that, regarding physical condition, male to female transgender usually are not healthy and have congenital diseases due to lack of exercise, using hormones and lack of sleep from working at night. For psychological conditions, they feel neglected and suffer stress caused by a lack of acceptance. They are worried about family issues, job security, health, and personal problems. For social relationship conditions, transgender individuals feel that they do not have the social support to have the same rights as females. They also do not have these opportunities in society and suffer a lack of sincere friends. Chonticha Tippratum (2015) studied sexual harassment among transgenders by using grounded theory. The study discovered that sexual harassment means harassment which occurred in following refused situations when transgenders had used the money to buy love. There are two levels of harassment that transgender encountered; low and high intention. The low intention harassment occurred via verbal and sight. For high intention harassment, it occurred via verbal and physical attacks. When transgenders were faced with low intention situation, they were usually silent and encouraged themselves by focusing on self-value. But when they encountered high intention, they usually fought back verbally and then took flight from the situation.
In conclusion, there is more research today, which focuses on LGBT issues in mental health, LGBT rights, and LGBT religious or spiritual identities. This research focuses on discovering and understanding the consequences of stigma, discrimination, and violence towards LGBT individuals. But the research has been less focused on the experiences of counsellors during therapeutic sessions with LGBT clients. These experiences could be revealing and of benefit to developing counselling competencies that can assist the counsellor to have suitable, effective, appropriate and inclusive capacities as well as the increased confidence to work with LGBT clients.

2. The Concept of Counselling Competencies

Competency is the sufficiency or capacity to integrate knowledge, skills, and attitude which are developed throughout life’s experiences. They include understanding, relationships, self-awareness, safety, resilience and tolerance of their client’s situation and lifestyle. In this research, competencies will also involve working with different sexual orientations of the clients, especially for LGBT individuals. Sperry (2011) suggested that there are six core components which are involved with psychology and counselling competencies: (1) Conceptual Foundation; (2) Relationship Building and Maintenance; (3) Intervention Planning, (4) Intervention Implementation, (5) Intervention Evaluation and Termination, and (6) Cultural and Ethical Sensitivity (Scotland, 2014; Sperry, 2011) Below are brief details expressing these core components.

First, Conceptual Foundation, which views the journey as a vehicle for achieving personal change. It also aids the counsellors to build and maintain a therapeutic relationship, along with planning, implementing, and evaluating therapeutic intervention in a culturally and ethnically sensitive manner. Second is Relationship Building and Maintenance. This component consists of five essential competencies: (1) establish a positive relationship or therapeutic alliance, (2) assess readiness and foster treatment-promoting behaviours, (3) recognize and resolve resistance and ambivalence, (4) recognize and repair alliance ruptures and strains, and (5) recognize and resolve transference and countertransference.
The third component is Intervention Planning, it usually involves assessment, diagnosis, case conceptualization, and treatment planning. It consists of five essential competencies: (1) perform a comprehensive diagnostic assessment, (2) develop an accurate DSM-IV-TR diagnosis, (3) develop an effective clinical case formulation, (4) develop an effective treatment plan, and (5) draft an integrative clinical case report.

The fourth component, Intervention Implementation. This component focuses on establishing and maintaining treatment while dealing with treatment-interfering factors. There are three essential competencies for this core; (1) recognize and resolve treatment focus, (2) maintain the treatment focus and, (3) recognize and resolve treatment-interfering factors. However, these are general competencies, specific interventions can be specified for the cognitive, dynamic, and systemic approach.

The fifth component, Intervention Evaluation and Termination. This preparation for planned termination includes a plan to prevent relapse or setbacks. This core consists of two essential competencies: (1) monitor progress and modifies treatment accordingly and (2) evaluate progress and prepare for termination.

Finally, Cultural and Ethical Sensitivity. This last competency requires a capacity to develop a cultural formulation and then plan and implement an intervention consistent with that formulation. Furthermore, ethically sensitive practices require the competency to recognize ethical issues and dilemmas and to foster confidentiality, informed consent and avoid conflict of interests. There are three essential competencies for this core: (1) develop an effective cultural formulation, (2) plan and implement tailored and culturally sensitive intervention and, (3) make ethically sensitive decisions.

The interrelationship between these core components may see as a journey to a planned destination as:

1. Conceptual Foundation is the vehicle to achieve planned destination (desired changes of an individual)
2. The relationship is a good travelling friend who offers friendly guidance and has the experience to support.
3. Intervention Planning is the destination, time frames, and personal resources that will be brought out to plan the route, deal with obstacles and opportunities that the person will face during the journey.

4. Intervention Implementation is the beginning or starting the journey together.

5. Intervention Evaluation and Termination is keeping track of the journey and the arrival at the planned destination.

6. Cultural and Ethical Sensitivity relates to manners during the journey which keeps in mind respect and integrity and supports the well-being of an individual. The metaphoric journey can see as a figure below (Sperry, 2011).

![Figure 1 Metaphoric Journey of Competencies](image)

In conclusion, to maintain a good, genuine, and sincere relationship during therapeutic sessions, it needs support to be influenced by the other 3 components which are in outer circles and overall are held by the elements of Conceptual Foundation and also Cultural and Ethical Sensitivity.
3. The Concept of Guidelines

Guidelines usually refer to specific statements or friendly recommendations which leads to professional conduct, approach, behaviour, and ongoing development for psychologists or counsellors. Guidelines, generally, differ from the standard in the light of flexibility and hold the intentions as the aspiration for better practice, not mandatory as of the standard (Association, 2012).

In this research, guidelines refer to statements including practical counselling actions proposed to promote counselling competencies for LGBT clients. The research guidelines will be studied through participants’ experiences by constructivist grounded theory. Participating Counsellors will contribute knowledge and information for psychology counselling, especially for counsellors who work with LGBT clients intending to reinforce the well-being of LGBT individuals through therapeutic sessions they receive (Haroon et al., 2015; Jitjaroentaweechok, 2005; Lilatanagorn, 2003).

In 2010, The Association for Lesbian, Gay, Bisexual & Transgender Issues in Counseling (A Harper et al., 2012), a group of counsellors led by A Harper et al. (2012), discussed and approved new, organized, useful instructions which contain 8 important competencies and suggested that LGBT counselling in the United States of America would involve: (1) Human growth and development, (2) Social and cultural foundations, (3) Helping relationships, (4) Group work, (5) Professional orientation and ethical practice, (6) Career and lifestyle development, (7) Assessment, and (8) Research and program evaluation. Those competencies were considered effective, sufficient, and a fit with American culture, which tends to be a more individualistic culture than Thailand. Below is a summary of these competencies:

**Human growth and development**

The counsellors will understand influences that surround LGBT individuals including biological, cultural, socioeconomic and psychosocial factors. The counsellors will learn to encourage LGBT individuals to integrate their affectional orientation and gender identity into fully functioning and emotionally healthy lives and relationships. The counsellors will be also aware of the effect that internalized homophobia, biphobia, and
transphobia have as well as recognize how stigma, prejudice, discrimination, and pressure to be heterosexual may affect the lives of LGBT individuals.

**Social and cultural foundations**

The counsellors will understand and know how to use appropriate language for LGBT clients as well as understand the social and cultural factors which affect their mental health. Additionally, the counsellors will also recognize their attitudes which may be influenced by internalized prejudice (heterosexism, racism, religious/spiritual discrimination, etc.).

**Helping relationships**

The counsellors will acknowledge those affectional orientations that are unique to LGBT individuals as well as physical, social, emotional, cultural, spiritual, and other stressors that may prevent them from reaching their life goals. The counsellors will also recognize that their affectional orientation and gender identity/expression are relevant to helping the relationship and influencing the counselling process. Moreover, the counsellors will also seek consultation and supervision from a person who has experience working with LGBT individuals and then perform the self-reflection that will ensure that they avoid any of their own biases which may negatively affect interaction with LGBT clients.

**Group work**

The counsellors will understand that LGBT group members have the resiliency to live fully functioning, healthy lives despite negative experiences. The counsellors will recognize the power of the group process which may help to affirm, develop, and interconnect the group members but may also differentiate or oppress LGBT members. The counsellors will also be aware of the important role that heterosexual allies may have on LGBT members in the group.

**Professional orientation and ethical practice**

The counsellors will learn to utilize a model or an approach that helps them face ethical dilemmas when working with LGBT individuals, then work through them when appropriate. The counsellors will recognize the emotional, psychological, and physical harm that may occur when engaging LGBT clients in approaches that attempt
to alter, “repair,” or convert their affeional orientation/gender identity/expression. The counsellors will continue to learn and gain new specialized training/education through professional workshops and research to remain current for their work with LGBT individuals and communities. Finally, the counsellors will advocate for LGBT individuals to provide affirming, accepting, and supportive counselling services.

**Career and lifestyle development**

The counsellors will assist LGBT clients in making decisions on their careers which will lead to acceptance and job satisfaction. The counsellors will understand how to adjust career assessment instruments and advocate for LGBT individuals to support them and encourage them to advocate for themselves and to promote inclusive policies and practices in the workplace.

**Assessment**

Counsellors will empirically, and through theoretical literature, remain informed of the spectrum of healthy functioning within the LGBT community. Counsellors will understand that LGBT individuals may look upon counselling more positively than their true experiences warrant when their oppressions or identity stressors are not well identified. The counsellors will also be aware of their own biases which may influence their assessment of LGBT individuals.

**Research and program evaluation**

Counsellors will be aware that the counselling process itself has a history of pathologizing LGBT individuals and communities. Moreover, counsellors will know the gaps in literature and program evaluations regarding understanding the experiences of LGBT individuals, families, and communities. They will also be current with the most recent literature regarding LGBT individuals.

Furthermore, the American Psychological Association or APA also developed the Practice Guidelines for Lesbian, Gay and Bisexual client’s new versions in 2011 to replace the old version which was used from 2000-2010. The Association (2012) states that there are 2 main reasons to launch these guidelines. First, to provide a frame of reference for the treatment for lesbian, gay and bisexual. Second, to provide basic information and further references in the area for assessment, intervention, identity,
relationship, diversity, education, training, and research. These guidelines will assist counsellors in the conduct of lesbian, gay, and bisexual affirmative practice, education, and research. They are also providing useful, comprehensible applications for each one of them.

The applications they provide are intended to help the counsellor to correctly follow the guidelines, give self-feedback, psychological intervention evaluation and assessment. For example, Guideline 1 in the first area (Association, 2012), Attitude Toward Homosexuality and Bisexuality, states that counsellor should strive to understand the effects of stigma (i.e., prejudice, discrimination, and violence) and its various contextual manifestations in the lives of lesbian, gay and bisexual people. After the Rationale, its application may be summarized so that the counsellor should understand that stigma, prejudice and discrimination from culture, social and community in which LGB live may be the cause of distress or physical and mental harm. Counsellors who do the intervention among LGBT clients should aware of: (1) increasing the client’s sense of safety and reducing stress, (2) developing personal and social resources, (3) resolving residual trauma and (4) empowering the client to confront social stigma and discrimination when the time is right or appropriate. All guidelines from the APA are intended to advise the practice of counsellors and to contribute appropriate and essential information for the education and training of counsellors regarding LGBT issues. (Association, 2012)

In summary, the competent counsellor will understand the appropriate functioning and healthy lives of LGBT individuals, families, and communities and will continue to study the social and cultural issues that surround LGBT individuals. They will also continue to acquire special training/education to help them suitably assess LGBT counselling and careers. Finally, the competent counsellor will recognize their attitudes towards LGBT individuals to create a sincere, honest, and caring counselling process.

The result of this study is to produce counselling guidelines including scope, objectives, and other useful details regarding counselling competencies for LGBT
clients. The guidelines will then be sent back to the research’s participants to check for its trustworthiness seek suggestions.

4. Client-centred Approach

The client-centred approach was presented by Rogers (1946). It follows the provision and reception of a particular kind of relationship characterized by genuineness, non-judgmental caring, and empathy (Raskin & Rogers, 2005). Rogers strongly believed that for a client's condition to improve therapists should be warm, genuine and understanding. The starting point of the Rogerian approach to counselling and psychotherapy is best stated by Rogers himself:

"It is that the individual has within himself or herself vast resources for self-understanding, for altering his or her self-concept, attitudes and self-directed behaviour - and that these resources can be tapped if only a definable climate of facilitative psychological attitudes can be provided" (1980, p. 115-117 cited by McLeod, 2019)

On this approach, the counsellor will (McLeod, 2019):

1. Be congruent with the client.
2. Provides the client with unconditional positive regard.
3. Shows empathetic understanding to the client.

1. Be congruent

Congruence is the most important attribute in counselling, according to Rogers. This means that, unlike the psychodynamic therapist who generally maintains a 'blank screen' and reveals little of their personality in therapy, the Rogerian is keen to allow the client to experience them as they are. (McLeod, 2019; Rogers, 1946)

2. Provide unconditional regard

This refers to the therapist's deep and genuine caring for the client. The therapist may not approve of some of the client's actions, but the therapist does approve of the client. In short, the therapist needs an attitude of "I'll accept you as you are." (McLeod, 2019; Rogers, 1946)"
3. Show Empathy

Empathy is the ability to understand what the client is feeling. This refers to the therapist's ability to understand sensitively and accurately [but not sympathetically] the client's experience and feelings in the here-and-now (McLeod, 2019; Rogers, 1946).

In summary, the client-centred approach is significant outstanding on two main themes; It's non-directive which means that counsellors allow clients to lead the discussion and do not try to steer the client in a particular direction. (2) It emphasizes unconditional positive regard. Counsellors show complete acceptance and support for their clients without casting judgment (Cherry, 2019; McLeod, 2019)

5. The Concept of Grounded Theory

Qualitative grounded theory was presented and developed by Barney G. Glaser and Anselm L. Strauss as methodology designed to reenact experiences from the words of the participants by collecting, analyzing, and interpreting data through coding and generating theory. Participants in the study have all experienced the therapeutic process and can contribute to the development of the theory, which helps to explain the process or provide a framework for further research. Besides, it's a qualitative research design in which the inquirer generates a general explanation (a theory) of a process, action, or interaction shaped by the views from a significant number of participants. Components of the grounded theory include analysis via constant comparison, data coding, theoretical sampling, saturation, the development of a core category, theory integration, and verification (Charmaz, 2014; Creswell & Poth, 2016; Minnix, 2015; Senese, 2012)


"grounded theory methods consist of systematic, yet flexible guidelines for collecting and analyzing qualitative data to construct theories from the data themselves…the grounded theory begins with inductive data, invokes iterative strategies of going back and forth between data and analysis, uses comparative methods, and keeps you interacting and involved with your data and emerging analysis.”
A grounded theory method has been determined to be an ideal means for collecting counsellor experiences and generating data from participants in this research. Two research questions will be used to begin this research. First, “How do counsellors recognize, perceive and understand the meaning, factors, components of counselling competencies on therapeutic sessions regarding LGBT clients?” Second, “What are the significant details of appropriated counselling competencies guidelines constructed specifically for LGBT clients?” To construct a theory of counselling competencies regarding LGBT issues, the researcher will employ constructivist grounded theory by Charmaz (2014). This is an approach that acknowledges subjectivity and the researcher’s involvement in the construction and interpretation of data (Charmaz, 2014).

In the most recent version of her book, Charmaz (2014) proposed grounded theory research would encourage qualitative researchers to learn about the world they study and to use it as a method for developing theories to understand them. During the research process, researchers may stop and journal any ideas that come to them. The construction of grounded theory adopts the approach of Glaser and Strauss and then includes the iterative logic of Strauss’ teaching. It also emphasizes action and meaning inherent in the pragmatist tradition. (Charmaz, 2014).

A constructivist approach theorizes the interpretive work that research participants do, while also acknowledging that the resulting theory is an interpretation. The theory depends on the researcher’s view, and it does not and cannot stand outside of it.

6. Conceptual Framework

This research believes that all knowledge is constructed through human experiences (Charmaz, 2014). After briefly read and studied related pieces of literature, counselling competencies for LGBT clients explored from participants by a constructivist grounded theory approach. The researcher primarily purposed the research objectives and research questions as an entryway into gathering detailed and
rich data from participants. Since the research process was built upon the “voices” of the participants during the process of data collection using intensive interview and observation, when there were themes or topics emerge, the researcher followed them and continued interviewing to obtain additional data until no new themes appear.

It is important to note that the researcher himself was aware of his own experiences, knowledge and also his reviews of the related literature, which can potentially be obstacles to reaching the treasured data from the participants’ experiences. Therefore, the researcher only holds all of his beginning comprehension as only a “departure point” or reference to start the research. (Charoenapornwattana, 2015)

As suggested by Charmaz (2014) and Senese (2012) counselling competencies and constructivist grounded theory approach may be symbolized as an adventurous journey without a predestined endpoint. The researcher himself was personally involved and joined with the participants’ lives and experiences, research contexts, pieces of literature and emerging data during the research process. When there were questionable data, the researcher paused and went back to search for more details like a traveler who is lingering around some location for a while before he continues on his journey again.
CHAPTER 3
METHODOLOGY

This chapter presents the methodology used for this research. It consists of the research ethical practices, participants selection, Primary Find Out, data collection, and data analysis. This chapter will show the trustworthiness of this study.

Methodology

The purpose of this research was to explore counselling competencies for LGBT clients. When counselling competencies were constructed, the researcher aimed to create LGBT counselling competencies guidelines, which can be used by counsellors who are not familiar with LGBT individuals to use them as a primary resource to support LGBT clients.

To ensure the research findings make a meaningful contribution to current and future practice, the researcher employed qualitative research and use the approach of constructivist grounded theory (Charmaz, 2014) to study counselling competencies through the interview of professional counsellors. Qualitative research allowed both the researcher and participants to become involved with the storytelling, which emerged from participants' perspectives during the interviews. This storytelling provided rich detailed data that led the researcher to interpret and comprehend the participants’ viewpoints, experiences and life context (Charmaz, 2014; Hanley-Maxwell, Al Hano, & Skivington, 2007). This research came from a perspective of guidelines for professional counsellors in Thailand for counselling competencies regarding LGBT clients.

After counselling competencies concepts were discovered and created, the researcher started to synthesize the data then wrote the draft of the counselling guidelines. Then draft was sent to 4 experts who are psychology and/or counselling psychology professors to review and to provide some suggestions. Next, the researcher used the suggestions to adjust the draft, sent it back to the experts to review one more time before modified it to the final version of the draft. After that, the research held
a workshop which included focus group discussions to implement the first draft of counselling competencies guideline for LGBT clients, and also to receive feedback to improve the guidelines.

**Ethical Considerations and Confidentiality**

The research received Ethical Approval SWUEC/E-245/2561 and SWUEC/E-245/2561E from the Research Ethics Committee at Srinakarinwirot University’s before the data collection started. To assure participants retain anonymity, confidentiality, and privacy, the researcher also provided each participant with an identifying code to be used throughout the research process and specifically when transcribing and writing memos (Raines, 2015).

Asking psychologists and counsellors to reflect upon their practice and experiences with therapeutic client sessions may stir up some difficult feelings, especially regarding their counselling competencies (Francis-Smith, 2014). Each participant received a debrief sheet with helpful information on how to access support after the interview, in case they experience any distress. The researcher’s contact information was also provided in case participants wish to discuss anything arising from taking part in the study. Participants were informed that they have a right to withdraw from the research project at any time without giving a reason.

In this study, participants received a letter, which includes an invitation to participate, a brief explanation of the study, a consent form, and a demographic questionnaire. Generally, the consent form includes: (1) the participants’ right to withdraw consent at any time, (2) the purpose of the study and procedure, (3) the steps for protecting confidentiality, (4) any known risks, and (5) the expected benefits of participation. (Minnix, 2015) Following these guidelines, this research’s consent form included:

1. The purpose of the study
2. The anticipated potential uses of its findings
3. The rights and responsibilities of participants
4. The methods and procedures to be used
5. The provision made to ensure privacy and confidentiality
6. The voluntary nature of the participant
7. The assurance that consent may be withdrawn at any time without coercion or consequence.
8. The researcher’s contact information
9. The faculty advisor and department
10. A place for participants to indicate their consent

Participants

In this research, participants were selected by purposive sampling within research criteria, then snowballing sampling was used to recruit more participants into the research (Dudovskiy, 2016; Minnix, 2015). The researcher then continued to select participants until no new themes of information emerged or the data reached theoretical saturation (Creswell & Poth, 2016; Minnix, 2015). The selection started with two participants who worked with an LGBT organization (gay and transgender, gay and lesbian or lesbian and transgender) and have experience with at least 2 subgroups of LGBT clients. After the interview, he/she referred to new participants in the research. Creswell (2007) advised that the number of participants for grounded theory is between 20-30, however, it can be as low as 6 or higher than 30 depending on what it takes to reach data saturation. Nevertheless, more participants are better than fewer because, if the research saturation point is reached too early, it may reveal an unprofessional process within the research (Charoenapornwattana, 2015; Senese, 2012).

For this research, the group of participants selected were counsellors whose experiences, knowledge and professional skills were analyzed then led to theoretical saturation of counselling competencies for LGBT clients. During the research theorizing stage, topic experts and psychology counselling students were also invited to verify and evaluate the research working guidelines before implementing them with psychology
counselling students who voluntarily agreed to give feedback on the draft counselling guidelines.

The participants’ criteria details were as follows:

1. Counsellors
   1. Graduated and have an educational background in psychology: counselling, educational or clinical psychology OR
   2. Have been working as professional counsellors with an LGBT organization for at least 1 year utilizing LGBT affirmative therapy
   3. Show the willingness to participate and be able to recall their experiences
   4. They can choose to participate in both processes which are (1) the data collection and data analysis and (2) try out draft guidelines or participate only with the number (1) or (2)

2. Experts
   1. Own educational background in psychology: counselling, educational or clinical psychology
   2. Have been working or involved with counselling, educational or clinical psychology fields such as professors, counsellors, scholars or psychiatrist
   3. Involved with LGBT rights and advocacy of any kind

3. Psychology Counselling students
   1. Finished and passed all psychology and counselling courses
   2. Plan to do their internship the next semester
   3. Willing to attend a workshop on the implementation of the draft of counselling guidelines

Participants’ Sites

LGBT organizations: M Plus Foundation in Chiangmai, Sisters Foundation, in Pattaya, Tangerine Community Health Centre in Bangkok was selected for research participants for the following reasons:
1. They have long-established and faithful relationships with LGBT individuals and communities
2. The willingness of the director and administrators to support research related to LGBT issues
3. Connection with a counselling centre dealing with LGBT clients.
4. Easy approachability

In this research, the Primary Find Out was conducted to select participants for the research by an informal conversational interview with a potential participant at the M Plus Foundation centre. M Plus is an LGBT advocating organization primarily working with gay and transgender people. M Plus offers free HIV blood testing, hormone testing, counselling, and HIV treatments and it is located in Chiangmai, Thailand.

To implement the draft counselling guidelines, the participants who are psychology counselling students at Silpakorn University, Sanamchandra Palace Campus, Nakorn Pathom were selected because they are:

1. Willing to learn but still not familiar with LGBT individuals, which consistent with the aimed user of the counselling guidelines
2. Allowed by their professors to attend the workshop

Primary Find Out

Primary Find out utilized proposal preparation to test and modify the interview questions and also to get useful data regarding counselling competencies from professionals who are directly involved with LGBT individuals. The researcher contacted a “gatekeeper” at the M Plus foundation to build rapport and gain permission to meet with and interview the foundation’s counsellors. A gatekeeper is a person who could be either support or an obstacle to the research in that he/she is the first person (as a gate) that the researcher will meet to get access to other participants or to get more information regarding connection with counsellors and LGBT clients. Therefore, trust and a sincere relationship between the researcher and a gatekeeper will facilitate the research to move smoothly forward and the research can have more freedom, not being
under suspicion, when accessing and interviewing participants (Charoenapornwattana, 2015) In this study, the gatekeeper was a transgender (male to female) who has been involved with the LGBT community since a young age. She decided to work with M Plus because she is aware of and has a heart for supporting young gay and transgender individual’s mental and physical health in Chiangmai and neighbouring provinces. This gatekeeper also has a strong connection with the Rainbow Sky Foundation in Bangkok. Last year, 2017, she won a contest to become ‘Miss Rainbow Sky Queen 2017’. Therefore, the researcher believed and trusted that this gatekeeper is a person who would benefit the research by supporting us during the data collection process.

The Primary Find Out Process

1. The research selected M Plus Foundation as an initial research setting because: (1) it is a foundation which works with gay and transgender, (2) the foundation began in 2003 and has an international reputation as the leading LGBT organization supported by USAID, (3) the foundation provides counselling services for clients regarding HIV testing, social and emotional issues, family issues, and also careers and workplace.

2. The researcher introduced himself through a phone call to ask permission to have an informal conversation and meeting with the “gatekeeper” who works as a public relations officer at M Plus. During the first meeting, the gatekeeper introduced the researcher to M Plus staff and the researcher presented the reference letter from Srinakarinwirot University to the M Plus manager and counsellors.

3. When a counsellor agreed to be interviewed, the date and the time were set. The interviews were held during March 2019.

4. After greeting and having coffee with a counsellor, the researcher began the informal conversation interview with open-ended questions. The questions are:

   a. Could you give me some details regarding the counselling services offered by M Plus?
b. How did you prepare yourself to work with M Plus Foundation as a counsellor for LGBT clients?

c. Could you describe the counselling process at the foundation regarding sessions, duration, place, and date?

d. What are the common issues of your clients? Their troubles or distresses?

e. Could you explain the attributes of counsellors including knowledge or skills which benefit the clients and also count as effective counselling for LGBT clients?

Next step, the answers were transcribed and summarized

Primary Find Out Results

The researcher found out that a close, healthy and genuine relationship between counsellor and clients is an important key to supporting an effective session. Knowledge regarding clients’ sexual identity, sexual preference, lifestyle, life issues are also necessary information that counsellors need to understand and comprehend. Furthermore, counsellors need to make themselves available to be trained, to practice and to learn new and known techniques and methods so that they will be equipped as well as gain confidence to use these methods during the therapeutic sessions to support their LGBT clients.

It is important to note that the researcher focused on individual and social-emotional counselling. However, the issues regarding LGBT rights such as equality in marriage, Title-Changed (Mr. to Miss or vice versa) and LGBT Health, HIV, and hormone taking are also a part of LGBT lives and community. Some counsellors also use group therapy to work with their clients.

Role of the Researcher

The researcher was one of the primary instruments of this study. Before starting the study, the researcher was immersed in the literature and social backgrounds of the LGBT community, LGBT issues and struggles, counselling competencies, guidelines of counselling competencies regarding LGBT clients, and the process to constructing competencies. Furthermore, the researcher prepared himself regarding qualitative
research, interviewing skills, observation techniques, and data analyzing along with the constructivist grounded theory approach (Charmaz, 2014).

One aspect of the qualitative research results in this study is the nature of myself-as-researcher and how the data and interpretations reflect the experiences of the participants (Kinsey, 2015; Minnix, 2015). In the case of this study, the researcher is Thai, middle class, and self-identified as a gay male. He was raised in a small rural family in northern Thailand. Growing up he internalized shame about and around his sexuality and struggled with the many challenges faced by LGBT individuals in Thai culture. His background and perspectives may influence the interpretation of the data; however, he also believes that he would use his experiences to connect to participants’ stories which enrich and strengthens the data analysis. Therefore, as the researcher, he had a unique ability and knowledge to be able to process this study.

Data Collection Procedure

The data collection procedure consisted of semi-structured intensive interviews, data collection instruments, and data collection processes. Then the focus group discussion was utilized to construct the counselling competencies guidelines.

Semi-Structured Intensive Interviews

An intensive interview format is similar to an in-depth interview in terms of flexibility, but instead, it uses broader questions, centres on specific topics and uses guided questions to focus participants’ experiences which are related to the research (Charoenapornwattana, 2015; Senese, 2012).

Charmaz (2014) recommended that:

“Intensive interview creates and opens an interactional space in which the participant can relate his or her experience. In short, intensive interviewing is flexible, an emergent technique that; 1) combines flexibility and control, 2) opens interactional space for ideas and issues to arise, 3) allows possibilities for immediate follow-up on these ideas and issues, and 4) results from interviewers and interview participants’ co-construction of the interview conversation.”
Following on Charmaz’s recommended questions (2014, p 66-67), the researcher created 5 questions, based on the research objectives, to use as primary questions with participants. These questions may be changed or adjusted as the interview is in the process to elicit richer data from participants.

Charmaz (2014) offered the following sample of grounded theory interview questions to researchers to begin a semi-structured interview:

**Initial open-ended questions**
1. When did you first experience……...?
2. Could you describe the event that led up to……...?

**Intermediate questions**
1. Could you tell me about your thoughts and feeling when you learned about……...?
2. If you recall, could you tell me about how you learned to handle......?

**Ending questions**
1. What do you think are the most important ways to……...? How did you discover (or create) them? How has your experience before......affected how you handled......?
2. Is there something else you think I should know to understand.... better?

Adapting the above format to the research questions in this study, the researcher interviewed the participants with the following initial questions:

1. When did you first experience counselling with LGBT clients?
2. Could you describe the event that led up to the point that you became interested in counselling LGBT clients?
3. Could you tell me about your thoughts and feeling when you learned about LGBT issues and wellness?
4. If you recall, could you tell me about how you learned to handle the complexity of LGBT individuals’ struggles?
5. What do you think are the most important ways to support LGBT clients during therapeutic sessions?

6. How did you discover (or create) them?

7. How has your experience before counselling LGBT clients affected how you handled their issues right now?

These questions were not used to assess or to categorize the answers, rather they were intended to help to reveal the depth of the data which inhabits participants’ experiences (Senese, 2012). These questions were presented to a Primary Find Out counsellor with ten years of LGBT counselling experience, to be reviewed for appropriateness & relevance. The questions were found to be appropriate and relevant questions for this audience.

Data Collection Instruments

The researcher was a human instrument for the research, therefore, himself, along with his perspective, experiences and knowledge will be the data mediator between participants and the research. Besides, intensive interviews were prepared to collect data from participants. The initial intensive interview questions were mainly guided by Charmaz’s book (2014, p 66-67) then Primary Find Out helped to adjust them to be more appropriate for the participants in the research.

As suggested by Minnix (2015), the researcher used a digital voice recorder to record the interviews and took notes documenting particular words, phrases, and researchers’ reflections during the interview. After each interview, the researcher uploaded the audio file to a private laptop and then transcribed the text of the interview manually in Thai. The text then was added along with the memo writing to be compared and contrasted with the previous data.

Quotes that were utilized in this thesis document were translated into English by the researcher and checked by a native English speaker. To verify that the translations were accurately done, the English translations were translated back to Thai by a native Thai speaker who is also fluent in English and compared for authenticity with the original quotes.
It is important to note that, in cases where participants were not available for the interview but allowed the researcher to observe the counselling session, note-taking was used when a recorder was not permitted.

**Data Collection Process**

Once the research was approved and ethical approval was received from the Graduate School Committee at Srinakharinwirot University, the researcher started to collect the data from participants using the following process:

1. Face-to-face meetings were subsequently conducted with the LGBT organization director, administrators, and counsellors, where the researcher will introduce himself as a doctoral candidate, then a brief overview of the research details was provided. The researcher then discussed with the director and administrators how to arrange a meeting and contacting qualified counsellors who may be willing to be interviewed.

2. The researcher met with counsellors who express an interest and willingness to be interviewed to introduce the study, give details about it, ask the counsellor to sign a consent form as well as to discuss the research process. Once the counsellor had agreed, the researcher then asked permission to have a date set for the introduction and first interview. The participants were informed that they can decide to stop participating in the research at any time. Then the interview proceeded accordingly.

3. When all questions were answered, the researcher then asked for referrals for the next participants and also requested the counsellor to ask if any of their LGBT clients may be interested and express a willingness to participate in the study. When the LGBT clients had agreed, the counsellor then introduced the research to the LGBT clients as well as present the consent form and inform them that if they want to change their decision, they can stop and drop off from the research at any time. The researcher planned to have private interviews with LGBT clients or in the presence of their counsellor or be part of their counselling sessions as an observer only.
4. The researcher planned to interview at least 10 participants. All interviews were recorded on audio and have notes taken by the researcher. The duration of the interview was between 60-90 minutes.

5. After the first interview, the voice recording was transcribed, then analyzed by coding before the next interview was conducted, to help the researcher begin to comprehend the main concepts regarding LGBT counselling competencies since the beginning of the research.

Data Analysis Procedure

In this research, the data analysis procedure followed the recommendations from Charmaz (2014). Throughout the phases of coding and analysis, the researcher had returned to the initial coding to compare the gathered data and then refine the definition. Furthermore, memo writing also took place throughout the data analysis process to serve as another agent in the iteration of data collection and data analysis (Raines, 2015).

Coding

Coding is used to interpret the data instead of to prove the previous theory as Charmaz (2014) stated that:

“grounded theory coding is inductive, comparative, interactive, and iterative- and later- deductive. Coding will rely on the interaction between the researchers and their data. Coding is the pivotal link between collecting data and developing an emergent theory to explain these data. Through coding, the researcher will ‘define’ what is happening in the data and begin to grapple with what it means.”

Charmaz recommended that conducting grounded theory coding should involve at least three main phases:

1. Initial coding Phase

In this first phase, initial coding should stick closely to the data by looking for action words or phrases in each segment of data rather than applying pre-existing categories to the data. The research should try to code with words that directly reflect the data. At first, invoking a language of action rather than of topics and themes
may feel strange. Charmaz suggested, but that the researcher should look closely at actions, and code data as actions (Charmaz, 2014).

Initial codes are provisional, comparative, and grounded in the data. This means that the researcher remains open to other analytic possibilities and creates codes that best fit the data gathered. (Charmaz, 2014).

Charmaz (2014) suggested to start coding by using Line-by-Line coding on the initial grounded theory coding with gerunds, she called it a “heuristic device” which is the device to bring the researcher into the data, interact with them, and study each fragment of them. This type of coding helps to define implicit meaning and actions, gives researchers directions to explore, spurs making a comparison between data, and suggests an emergent link between process in the data to pursue and check (Charmaz, 2014).

In summary, the initial coding is the first part of the adventure that enables the researcher to leap over concrete events and descriptions of them to theoretical insight and theoretical possibilities. Grounded theory coding surpasses sifting, sorting, and synthesizing data, as is the usual purpose of qualitative coding. One of her comments on this first phase is “Keep your initial codes short, simple, spontaneous- and analytic. The rest will fall in place” (Charmaz, 2014).

2. Focused coding Phase

After initial coding, through studying and comparing, we choose some codes which subsume numerous initial codes, this is called Focused coding.

Focused coding means the researcher uses the most significant and frequent earlier codes to sift through and analyze large amounts of data. Focused coding requires decisions about which initial codes make the most analytic sense to categorize the data incisively and completely. It also can involve coding your initial codes. (Charmaz, 2014).

Once the researcher engaged with focused coding what followed is the comparative process. Focused coding aims to determine the adequacy and conceptual strength of the initial codes. The researcher then compares codes with codes to move
toward the directions of analysis, then clarifies the theoretical centrality of certain ideas (Charmaz, 2014). Charmaz (2014) suggested that to define which codes will serve the best as focused codes the researcher should keep these questions in mind:

1. What do I find when I compare my initial codes with data?
2. In which way might my initial codes reveal patterns?
3. Which of these codes best account for the data?
4. Have I raised these codes to focused codes?
5. What do my comparisons between codes indicate?
6. Do my focused codes reveal gaps in the data?

Focused coding is a significant step in organizing how the researcher treats the data and manages the emerging analysis. We may think that focused coding comes after initial coding, however, moving to focused coding is not entirely a linear process. Some of the codes may bring the researcher back to the earlier data and refresh it one more time. When the researcher attends the initial codes and makes decisions about focused codes, He/she is trimming away the excess data. However, the researcher may go back to it later to re-check or to describe it separately (Charmaz, 2014)

3. Theoretical Coding Phase

Following the second phase of selecting focused coding is the elaborated level of Theoretical coding. The purpose of theoretical coding is to help the researcher theorize the data and focused codes. Theoretical codes underlie the substantive codes and show the relationship between them, rather than replacing the substantive codes with ones constituting the research theory. These codes will help the researcher to specify possible relationships between categories that are developed through focused coding (Charmaz, 2014). On her suggestion regarding theoretical coding, Charmaz (2014) stated that “if you use them skillfully, theoretical codes may hone your work with a sharp analytic edge. These codes can add precision and clarify, as long as they fit your data and substantive analysis.
The researcher prepared tables to contain the interviewed transcripts then began to code by using Line by Line open coding, which is strongly recommended by Charmaz (2012), to interpret the data and use the gerunds to create the code to have an initial code which is short, simple and analytic. Then for theoretical coding, the researcher will identify participants’ experiences (Charmaz, 2014).

Memo Writing

Memo-writing is the intermediate step between coding and writing the first draft of the study’s manuscript. Memo writing is an avenue into inductive theory writing from interviewing and coding during data collection and analysis. Codes are the titles of memos and aid in deciding if the selected codes are appropriate for the study or if further coding procedures are necessary (Charmaz, 2012, 2014; Senese, 2012).

Following Senese (2012), the memos written for this research were several sentences or paragraphs long, whichever better serves the purpose of writing everything that comes to mind. Written memos consisted of any free form thoughts about the research and are typically organized by the codes in the study. Charmaz (2014) also stated that the researcher should keep a memo bank so that they would have the chronological set from which they could retrieve an earlier idea that had previously been discarded. The researcher regularly reviewed and revised the memos during the research process then started to compare data, codes, categories before estimate summarize on the comparison (Charmaz, 2014).

Theoretical Sampling

Theoretical sampling is one of the most advantageous and least used grounded theory strategies and also distinguishes grounded theory from other qualitative methods. Theoretical sampling will start when the researcher collects research categories and analyzes them, but there are still unanswered questions and unknown data at this point. Therefore, theoretical sampling will lead the researcher to go back to gather further data from further participants to refine, as well as to test, the research categories. This will then lead to confirmation of the ultimate data and finally lead to grounded theory (Charmaz, 2014; Senese, 2012).
In this study, theoretical sampling started when the categories related to counselling competencies for LGBT clients are questionable and when the researcher needed more data to refine some categories. Then the researcher conducted further interviews with former participants or purposively selected new participants who could fill the gaps in the data. Theoretical sampling had stopped when the researcher found no new data appear to be emerging, this was called theoretical saturation. Theoretical saturation was the final goal of this research in the acknowledgement that enough data was collected and analyzed to reflect a competent completion (Minnix, 2015; Senese, 2012).

Guidelines Procedure and Instruments

When competencies were constructed, the researcher synthesizes them and creates a draft of the counselling guidelines. To achieve the second objective, the draft counselling guidelines constructing procedure were:

1. Sent them to four counselling/psychology professors to review and comment before revised to the second draft, then
2. Implemented with 18 psychology counselling students to test the understanding of using the guidelines as they are purposed to be used by a counsellor who is new into or is not familiar with LGBT Individuals/clients. The implementation through focus group discussion, observation, and pretest and posttest aimed to also receive the feedback needed to improve, then
3. Revised to the third version, then
4. Sent to first participant group of counsellors and advisors to review and comment then the third version guidelines were modified to the final version.

Focus Group Discussion

Focus group discussion is an approach using a group of people to collect research data, members of a group usually discuss, exchange ideas and understanding in a friendly, inclusive and informal environment where everyone takes part. Research data will be collected then sieved from conversations (Potisita, 2019).

After recruiting members of this group through an inclusion-exclusion criteria selection process, Potisita (2019) suggested that there are 5 main steps which the researcher/leader may use to supervise a focused group discussion:
Before the discussion

The researcher starts with a greeting and warm welcome of all members, as well as introducing himself and everyone who attends. Then he/she will explain the objectives, process, and benefit of the research. The researcher needs to emphasize that attending this group means everyone has the opportunity to share in friendly and informal discussions regarding the topics purposed by the researcher. In this step, the researcher needs to ask permission from the members for recording their conversation and promises that their shares will be kept private and in anonymous codes, as well as requesting that all group members not share what they heard others say within the group, with any outsiders.

Members introduce themselves

The researcher then will ask members to introduce themselves; their age, education, career, marital status or other backgrounds which is related to the discussed topics. When each member introduces himself/herself, the research will draw a sitting plan with the member’s name (usually it’s a circle plan). This sitting plan will help the research to know who’s talking and what he/she is talking about, as to make it easy to write memos or short notes about each member.

Start the discussion

The research starts with “warm-up” questions which will lead members to discuss general topics not the main one yet. Then the researcher leads members to the main topics by using open-ended questions and asking all members to participate and share their perspectives on the topics.

The discussion

In this step, the researcher will act as a “facilitator” to supervise a smooth and inclusive discussion. He/she also needs to be aware of the balance: (1) between open discussion and deep/narrow discussion, (2) the direction of the facilitator or free discussion. Moreover, the researcher should be quick to catch points which are shared by the members, ask questions for more details, however, he/she needs to practice to wait for the appropriate time, give space for silence and don’t rush members to talk if they are not ready.
The termination

When the discussion is coming to the end of the agreed timeline, the researcher will cue the group that it will end soon but don’t immediately stop the discussion without notices such as “we are at the end of our discussion, we will talk about...”. Before ending the discussion, the researcher needs to summarize the discussion back to the group. He/she may use comments such as: “From our talk, today, did we miss any important points or any issues?”. “Anybody have anything else to add to this topic?” Then wait for a moment, if no one wants to add or talk, the researcher thanks to the group for their participation.

In summary, a focused group discussion is one of the techniques popular among researchers to collect useful data from participants in a friendly and warm atmosphere. The researcher acts as a facilitator to help and support members so they can feel confident to share as well as guide the group so all members can have equal opportunity to share while respecting others by not dominating the group or creating conflict if they don’t agree on some topics (Potisita, 2019).

Trustworthiness

Creswell (2007) stated that qualitative researchers should seek to have their account resonate with the participants, to be an accurate reflection of what they said. The researcher needs to be engaged with validation strategies, often using multiple strategies, which include confirming or triangulating data from several sources. The researcher’s study should be reviewed and corrected by the participants or by other researchers.

To enhance trustworthiness, this researcher will clarify the theoretical sensitivities that are brought to the study by taking several measures to assure that the analyses authentically reflected the experience of the participants (Elias-Juarez & Knudson-Martin, 2017). The researcher, will keep the research trustworthy by utilizing these elements: credibility, confirmability, dependability, and transferability as briefly detailed below:
Credibility

To avoid missing data from the interviews, misunderstanding the true meaning from participants and misinterpreting data, the researcher will ask permission to use a digital recorder to record the interviews. Then all voice recordings will be transcribed, analyzed and coded soon after each interview. Besides, the researcher will also use member checking and Primary Find Out to establish credibility.

Member checking method

Member checks increase the trustworthiness of qualitative studies, confirming that the finding of the study accurately portrays the experiences of the participants (Odegard & Vereen, 2010). Member checking will be completed by providing all participants with an electronic copy of the transcription and the emergent grounded theory. The data will be adjusted according to the participants’ feedback. All feedback received from participants will confirm that their experiences are correctly interpreted by the researcher which will, therefore, confirm the findings of this study.

Data triangulation

The research will collect data in different ways such as intensive interview, observation, Primary Find Out and literature review and then compare the data to provide trustworthiness to the research.

Confirmability

Confirmability refers to the research internal logic will be demonstrated and interpreted as well as evaluated for consistency (Minnix, 2015). The research will rely on quotations from data interviews, written memos and taken notes to ensure that the research data can be verified.

Dependability

Dependability refers to the consistency of the theory which happens when a researcher utilizes different experiences, education, beliefs, personality and values (Minnix, 2015). For this study, the researcher will use recording processes such as note-taking, interview transcripts, memo writing and voice recording as the audit trail of the research to provide dependable data and findings.
Transferability

To provide transferability means to provide findings that can be realistically applied to real situations as well as contributing useful and practical knowledge to future research (Charoenapornwattana, 2015; Minnix, 2015). For this research, the real situation is the therapeutic session for LGBT clients which benefits from counselling competencies designed for the counsellor. Therefore, in the research, purposive and snowballing sampling will be utilized to select participants who meet with the research criteria to get rich detailed data regarding counselling competencies for LGBT clients. The researcher will rely on the participants’ diverse perspectives to generate sufficient data through a constructivist grounded theory approach. He intends that, when the research is finished, people who read it can feel and connect with the experiences which are interpreted in the research.

Furthermore, throughout the process, the researcher will take memos to track theory development by writing a reflexive journal after each interview, during the data analysis process and after each consultation with advisors. A reflexive journal is comprised of the memos about the researcher’s thought processes, data analysis, rationale, turning points, and personal reactions and experiences (Charmaz, 2014; Odegard & Vereen, 2010).
CHAPTER 4
RESEARCH FINDINGS AND COUNSELLING GUIDELINES

This chapter is divided into 2 parts. Part One presents the results obtained from the interviews with 13 professional LGBT counsellors, 3 of them are professionals in related fields. The results were distilled from reviewing the interview transcripts and looking for the natural patterns and common ideas expressed across all participants' comments. While summarizing and cohering this data, four general categories emerged that has become the organizing principle to express these competencies. Part Two presents the answers to the second research question "What are the significant guidelines for appropriated counselling competencies specifically for lesbian, gay, bisexual, and transgender clients?"

Part One: Research Findings

In this part the results of the study are presented, divided into four parts:

1. Information about LGBT Healthcare and Advocacy organizations
2. Demographic of the participants
3. The results of counselling competencies for LGBT clients
4. The conclusion to research findings

1. Information about LGBT Healthcare and Advocacy Organizations

In this research, the interviews took place with four main LGBT organizations in Thailand: Sisters Foundation: a centre for Transgenders in Pattaya, M Plus Foundation: LGBT advocacy centre, in Chiangmai, Swing Foundation: a health support centre in Pattaya and Tangerine Community Health Clinic in Bangkok.

Sisters Foundation, Pattaya

Sisters Foundation is known as the "second home" for transgenders and is a foundation that works to promote health, rights, and well-being for LGBT individuals, especially transgenders in Pattaya and the surrounding area. Besides, the Sisters Foundation provides walk-in as well as mobile counselling services for nightlife
workers and others who live in the area. It also focuses on issues in the greater LGBT community.

Besides counselling service, Sisters also offers voluntary blood testing, hormone-taking advises and distributes free medical treatments: PrEP/PEP (Antiviral medicine) along with condoms to prevent the spreading and contract of HIV and AIDS.

M PLUS foundation was founded in October 2003 in association with the PATH Foundation (Thailand) and United States Agency International Development or USAID. M Plus is the leading organization in the prevention of HIV, AIDS, sexual diseases as well as promoting sexual rights for LGBT individuals in Thailand. M Plus provides activities, counselling services, and useful information to support LGBT individuals especially gay men who have sex with men, sex workers and transgenders in Chiangmai. Activities include: drop-in and mobile counselling, free blood testing service, produces media to promote safe sex and healthy relationship as well as holding seminars and workshops for people who are involved with the LGBT community, such as police, bar and restaurant owners, government officers and teachers.

BM Plus foundation also supports and advocates for LGBT individuals including preparing documents for transgender to submit to get exemption in annual military recruitment, LGBT marriage documents, and regulations as well as advocates for LGBT rights to reduce stigmatization, stereotyping and prejudice in the local community.

M Plus foundation opens from 10:00 a.m. to 8:00 p.m. Monday to Friday with counselling and blood test service opens from 1:00- 8:00 p.m. from Monday to Thursday.

Swing (Service Worker in Group) Foundation, Pattaya

Swing Center is a well-known foundation that operates to support LGBT individuals in the Pattaya area. The foundation centre provides services such as Hormone administration, HIV/AIDS/STI testing, Prep/PEP information and Counselling as well as psychosocial support for LGBT service workers in Pattaya.
Swing centre opens from Monday to Friday, from 11:00 AM to 6:00 PM and Saturday, Sunday from 1:00 PM to 6:00 PM. Occasionally, Swing staff will provide mobile AIDS blood testing at a bar in Pattaya town for workers in that area.

Tangerine Community Health Clinic, Bangkok

Tangerine Clinic operates under the Thai Red Cross Center, Bangkok. The clinic was founded in November 2015 under the leadership of Professor Emeritus Praphan Phanuphak and Professor Frits van Griensven after a successful seminar called “Community Consultation on research for piloting Transgender Health Service Model” which took place on September 2015. The clinic has the slogan, “where transition fulfils identity”. They have trained medical and non-medical staff in the clinic to make sure that the services provided are a high standard and truly address the needs of transgender individuals, making sure the transgender client is always treated with respect and dignity.

Tangerine Clinic provides a variety of services including psychosocial support and counselling, gender-affirming healthcare, hormone administration, monitoring and uses information, and general physical health checks such as Vaccination for hepatitis B and HPV, HIV/STI testing, and Prep/Pep information.

Tangerine is open Monday through Friday, from 08:30 AM to 02:30 PM. The Clinic is located on the second floor of the Anonymous Clinic building, Red Cross AIDS Research Center.

Independent LGBT activists

While collecting data, the researcher discovered that many clients not only seek advice and help from counsellors but they also work with LGBT activists to support and advocate for rights, and oppose discrimination from work or within communities. So, the researcher contacted several prominent activists to explore what and how they worked to help these clients as well as sought what skills and knowledge they utilize and how they became LGBT activists. 3 activists accepted the invitation and were available for the interviews:
1. A Transgender activist who is a university lecturer and co-founder of Transgender Alliance in Thailand.

2. A Transman activist who works as a facilitator to teach and educate regarding gender, sexuality and identity equality.

3. A Lesbian Feminist activist who founded the self-empowerment and sex education.

Their perspectives, beliefs, knowledge, and experience contributed significant clarity and perspective to this research.

2. Demographic of the Participants

The researcher conducted interviews with 13 professional LGBT counsellors in Thailand as on table number 2. 2 CIS men are happy to work support LGBT individuals as well as 2 CIS women who willing to put their efforts to help LGBT clients to have a healthy life. All participants graduated at the bachelor degree level, however, there are only 3 participants who graduated directly from psychology major (*), the others learn and develop their counselling skills and knowledge from training and attending workshops.

Table 2 Demographics of participants

<table>
<thead>
<tr>
<th>No</th>
<th>Participant</th>
<th>Biological Sex</th>
<th>Self-defined gender</th>
<th>Experience in Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>A01</td>
<td>Male</td>
<td>Transgender</td>
<td>4</td>
</tr>
<tr>
<td>2</td>
<td>A02*</td>
<td>Male</td>
<td>CIS Man</td>
<td>2</td>
</tr>
<tr>
<td>3</td>
<td>A03</td>
<td>Male</td>
<td>Transgender</td>
<td>2</td>
</tr>
<tr>
<td>4</td>
<td>A04</td>
<td>Male</td>
<td>Gay</td>
<td>1.6</td>
</tr>
<tr>
<td>5</td>
<td>B01*</td>
<td>Female</td>
<td>CIS woman</td>
<td>8</td>
</tr>
<tr>
<td>6</td>
<td>B02</td>
<td>Male</td>
<td>CIS man</td>
<td>1.2</td>
</tr>
<tr>
<td>7</td>
<td>B03*</td>
<td>Male</td>
<td>Transgender</td>
<td>4</td>
</tr>
<tr>
<td>8</td>
<td>B04</td>
<td>Male</td>
<td>Transgender</td>
<td>8</td>
</tr>
<tr>
<td>9</td>
<td>C01</td>
<td>Male</td>
<td>Gay</td>
<td>3</td>
</tr>
<tr>
<td>10</td>
<td>D01</td>
<td>Male</td>
<td>Transgender</td>
<td>5</td>
</tr>
<tr>
<td>11</td>
<td>D02</td>
<td>Female</td>
<td>CIS woman</td>
<td>2</td>
</tr>
<tr>
<td>12</td>
<td>E01</td>
<td>Male</td>
<td>Transgender</td>
<td>8</td>
</tr>
<tr>
<td>13</td>
<td>E02</td>
<td>Female</td>
<td>Transman</td>
<td>6</td>
</tr>
</tbody>
</table>
Table 2 notes:

1. CIS Man is a person born male, who self identifies as male. In the other hand, CIS woman is a person born female, who self identifies as female
2. Transgender is typically a male who has modified their body or is in the process of modification to become a female
3. Transmen is a female who modified or is in the process or modification to be a male.
4. Their working experiences are between 1.2 years to 8 years

3. The Results of Counselling Competencies for LGBT Clients.

The researcher analyzed counselling competencies that surfaced from the 13 interviews at Sisters Foundation in Pattaya, M Plus Foundation in Chiangmai, Swing Foundation, Pattaya, and Tangerine Community Health Clinic in Bangkok and then processed the results accordance with the research’s objectives. These competencies were then further enhanced by the additional 3 interviews conducted with independent LGBT activists.

The net results were extracted from the interviews with 13 participants who were selected by using purposive sampling and snowballing sampling techniques. The results were initially open codes that were then refined as core concepts into 4 categories which seem to equally play an important role in the competencies of LGBT counsellors.
The results of the data analysis processes are as follows:

1. Capacities of LGBT counsellor
   1.1. Build a relationship and create a safe environment
   1.2. Acknowledge the difference of sexual orientation between clients and counsellor
   1.3. Recognize that the client’s challenges may affect the counsellor

2. Awareness of LGBT issues and challenges
   2.1. Awareness of the specific counselling needs of each LGBT client
   2.2. Awareness of the diversity within the LGBT community
   2.3. Awareness of common LGBT issues

3. Advocacy and Support of LGBT individuals
   3.1. Advocacy for LGBT rights
   3.2. Emotional and Health Care support

4. Ongoing self-development
   4.1. Self-development through formal learning
   4.2. Self-development through experiences shared
1. Capacities of LGBT Counsellor

The result from participant’s responses shows that the ability to communicate, build a relationship, and use active listening skills, as well as having appropriate counselling strategies to deal with issues faced by LGBT individuals are core competencies required to be an effective counsellor. Supporting the clients to have self-awareness regarding their issues without being judgmental.

In this first category “Capacities of LGBT counsellor”, there are 3 subcategories under it: “Build a relationship and create a safe environment”, “Acknowledge of the difference of sexual orientation between clients and counsellor”, and “Recognize that the client’s challenges may affect the counsellor.”

1.1 Build a relationship and create a safe environment

The counsellor is willing to create a sincere and friendly atmosphere towards LGBT individuals using both nonverbal languages (i.e. body posture, facial expression, tone of voice) and using encouraging verbal expressions. These will build a strong and trusting relationship at the beginning of the counselling session.

“...As suggested by my team, it should start with relaxation like small talk to let the client feel at ease, using open-ended questions to let the client have more chance to talk such as what can I do for you? Or do you have anything to share with me today? Encourage them to talk in the general topic first”, D02 (“...คำแนะนำของพี่ ๆ พี่งาน ก็แบบตอนแรกก็อาจจะแนะนำให้ก่อน คุยเรื่องยืด ๆ ก่อนที่ทำให้เขา Relax เเห่ก่อนอาจจะคุยเรื่องห่าว ๆ โปรดอย่างนี้ก่อน แล้วก็อาจจะใช้เป็นคำถามที่เปิดกว้าง มากขึ้นเพื่อที่จะให้เขาเป็นคนผ่ายตอบมากมายกว่าจะใช้คำถามปลายเปิดหรืออย่างอื่นเหล่า สมมติว่า วันนี้ให้ เราช่วยเหลืออะไรอะไรอย่างนี้หรือมีอะไรอยากหาให้เราฟังไหม หรืออะไรอย่างนี้เหล่า ก็ชวนคุยกันเรื่องทั่วไป ก่อน”)

“...I will begin our procedure by making a relationship. I usually talk and ask about their lives, lifestyle, where they work and how are they? I will aim to show that I care about them regardless of who they are regarding gender or sex.”, C01 (“...เราจะสร้างความคุ้นเคย ปฏิสัมพันธ์ก่อน ก็สอบถามเรื่องชีวิตว่า ทำงานที่ไหน อะไร ยังไง มีประกันสังคมไหม มีสิทธิการทํา笙ไหม อยากให้พวกเขารับ เห็นว่าเราใส่ใจ ไม่ว่าเขาจะมีเพศอะไร”)
I believe that the first important thing when we are together is no more stigmatized conversation or greetings, and the second one is to be willing to understand each other and aim to live happily together in our community”, A01 (“...主任们欢迎 欢迎前来参观 朋友们 不要让我们单独 也不要给我们 想象我们是詐谎的”)

LGBT individuals are commonly sensitive and aware of the subtleties and motivations behind the counsellor’s choice of expression. They may sense when a counsellor is not being genuine which can cause them to not trust the counsellor. A focus on being sincere and genuine is another important factor for effective counselling. Also, the willingness of the counsellor to listen and genuinely support the client will help the counsellor to succeed with counselling more effectively. Being nice and having a warm personality plus a willingness to help with a sincere heart are important elements of effectiveness when meeting with clients, as stated by our participants:

“...We do our best to not do anything which will lead the client to feel that we are bored with their stories nor assume that the clients won’t be willing to follow our instructions”, A03 (“...เราจะพยายามอย่าทำปฏิกิริยาแบบ ให้คุณเข้าใจผิด และไม่ได้ใจไม่จงใจ ไม่มีสิ่งใดๆ จะแบบนี้ค่ะ”)

“...Our personality is the first thing and important because LGBT doesn’t like a person with a grumpy face and stern short speak. If we are friendly with them, they will give their friendship to us immediately. However, if we don’t have a nice/warm personality they may act that they listen to you but they won’t pay attention, just let your talking pass by. Then next time they won’t choose to talk with us again. So, I think our personality is very important”, A02 (“...บุคลิกภาพเลยครับ สิ่งที่สำคัญ บุคลิกภาพคือ ทำอย่างไรก็ตามจะไม่รู้เลยที่นี่เราบูดหน้าบั้ง คำพูดของเราที่แบบหัวทําได้ก็ไม่แน่นอน แต่เขาเป็นมิตรกับเรา แต่iazzaหลักที่เรา เขาจะทำเหมือนว่าฟัง คุณ แต่เขาไม่ได้ฟังคุณ เขาไม่ได้สนใจ เขาแค่ทำให้มั่นแข็ง ๆ ไปแค่นั้น แล้วครั้งหน้าเขาจะเดือดที่เราจะไม่ได้รู้กับเรา บุคลิกภาพคือสิ่งที่สำคัญเลยครับ”)

It is also important for a counsellor to “walk a mile in their clients’ shoes”, meaning, trying to consider or understand their clients’ thoughts, feelings and experiences rather than judging them. Active listening and being non-judgmental is also playing an important role in building a relationship. Unconditional acceptance is one of
the important roles of a counsellor, especially when working with LGBT individuals. Listening without prejudice or condemning will support the client to open their hearts and share their story during the session. Thinking of them as a member of the family is one of the tools counsellors often use with LGBT individuals. The interviewed participants suggested.

“...For me, I think getting inside their heart and showing sympathy to them, lets them know that we care about them, want to support and help them and also want to listen and talk with them.”, A04 (“...ส่วนตัวแซคเอง แซครู้สึกเหมือนเอำใจเขำมำใส่ใจเรำ แซคจะเปิดกว้ำงแสบสักอย่ำงนิดนึงให้เขำรู้สึกว่ำเรำแสบสักอย่ำงนิดนึงครับ”)

“...For counsellors who would like to support LGBT clients, he/she needs to be more open-minded. This is the first and only thing. They should not have any bias or bring any beliefs or old perspectives to work such as the idea about two sexes, or what sex should be or should not be. In the real world, there is much difference and diversity. Counsellors just need to open their minds and hearts, make a relationship with their clients then the clients will open up to them.”, D01 (“...สำหรับคนที่ให้คำปรึกษำกับกลุ่ม LGBT แค่ให้เขำเปิดกวำงมำกขึ้นแค่นั้นเอง ไม่...อย่ำงมีอคติ อย่ำงอาควำมเชื่อหรืออะไรต่ำง ๆ เขำมำแบบ เขำมันไม่เป็นเพศนี้ค่ำองเองนี่ หรืออะไรประเภทนี้ เขำม์ถูกมีควำมหลากหลายมาก สำหรับเขาเปิดใจให้เกำ ana แหำนนนีอย่ำงนิด เขาเกำดีเขำมันใช้รำชสัมพันธภำพที่ดี เดี๋ยวผู้รับบริกำรเขาจะเหมือนมีอะไรอย่ำงนี้เกำมากมายขึ้น”)

We find out that positive conversation and unprejudiced words build a trusting atmosphere between the counsellor and client which encourages the client to open up and be willing to tell more about their lives and their issues.

“...I don’t know what our client has faced or had to deal with before seeing us, so using a word, such as “Krateoy” could cause distress. A transgender who has faced discrimination or was badly treated in the past will be very sensitive to these kinds of words and will begin to be anxious, worried or distress. My advice is when we are not close friends with any LGBT individuals yet, please don’t use any words such as Krateoy, instead use common politeness such as ‘Khun Nong’ [younger person], ‘Pii’ [Older person]. This case is the same with a compliment to any transgender ‘you are beautiful as a woman’ should not be said unless you are close friends or in her group”, A03 (“...คือมันจำเป็นก่อนหน้านี้แล้ว พอเขำมีคำพูดครอจันต์นี้เห็นหนึ่งกันว่ำ กรุณำคำว่ำ กระเทย นี่เหมือนคำนี้ที่พูดไม่ใช่กระเทย  คนพูดคำว่ำจะเป็นขำของจิงที่พูดเช่นนี้แบบผู้เจงก์แบบดุจุก..."
น้ำเสียงไม่ชอบแบบนี้ เขาเลยรู้สึกไม่โอเคที่มาคุยกับผมแบบนี้ ผมก็เลยบอกว่า เราเป็นการเทพเที่ยว ถ้าจะมีผู้หญิงคู่หน่อยจึงแจ้ง คน ๆ นี้ ผมอาจจะแจ้งให้กัน แต่คนที่เป็นกะเทยที่พูดแบบนี้เราอาจคิดไม่ก้าวหน้า คิดไปว่า ถามทำไม พูดไม่เนียนกว่านี้ ถามไม่นะยุ่ย พูดไม่เนียนกว่านะยุ่ย เหมือนผู้หญิงคู่หน่อย ผมก็เลยบอกว่า ผมจะไปหาที่คุณก็ไม่ได้ดังใจอะไร แต่คุณที่ถูกถามอาจจะไปเจออะไรแบบนี้ที่อาจทำให้ขาดไปก็ได้ มันเป็นเรื่อง sensitive แล้วไม่ค่อยกัน ก็อย่าเรียก กะเทย เรียกชื่อเล่นดีกว่า เรียกคุณ เรียกหนัง เรียกหน้า คือ ถ้ามันไม่สนิทกันอย่างพื้นที่ไปเรียนไปยุ่ย คู่ควรจะแจ้งเลย ไม่เห็นหน้าเมื่อกระเทยเลย)

"...If you are not close to them, just talk in a normal or standard way, don’t mention about their body appearance or their boobs. When I and my team go out into fieldwork or communities service, we have our process that field staff should not talk about or mention any sensitive topics. Especially with LGBT who are sex workers. They should not do thing such as look down at their career. We work on this so fieldworkers understand that all careers have dignity, so we project that all is good and worthwhile in the way they are. No judgement or discrimination. If our cases want a condom, we provide it for them as they need, we shouldn’t decide this person should get more or that person should get less. We give them as many as they want. We cannot ask them ‘Do you want condoms?’ and ‘What is your size?’ We cannot say it. We just provide and let our client pick them because we go out to contribute condoms not to ask about size. We can say now we have only size 53 or 52, one size, if you want them, take them. If your client says ‘I’m size 56’ Our answer should be like, ‘I will order them for you, next time I will bring them with me. We need to be careful with our words’, C01 (…ใช่ค่ะ ถ้าไม่สนิทก็คือ คุยเรื่องทั่วไป ไม่ต้องไปก้าวเรื่องสวย หรือ ทำมากว่า ไหม คุณใช้มาระหว่างที่ไปอย่าค่ะ ก็เหมือนเราไปลงพื้นที่ก็ตามนั้น เลยเอาเรื่องนี้ที่ซิมอสรางความสัมพันธ์ เราจะมีแนวทางในการปฏิบัติของเรา เจ้าหน้าที่กำกับสนองที่ลงไปให้เข้าในการพูดคุยกับผู้ร้องเรียนที่เป็นประเด็นอ่อนไหว โดยเฉพาะเรื่องนี้ที่เป็น LGBT โดยเฉพาะเรื่องนี้ เซ็กซ์เซอร์ฟจากดีวิตี้ ทำอะไรบ้าง เช่น ทำดูดูในเรื่องของเขาชี้เฉพาะ เพราะเวลาทำไม่ดีเพราะ เราก็มีควมเข้าใจ ทุกอาชีพมีคัดเด็ดศิลป์เลย ทุกอาชีพคือมีคุณค่า ในตัวของมัน ทำไปดีคร้า แล้วลองปฏิบัติ เจาคิดการถุงยางอนามัยให้เขาได้หมด เจ้าก็ไม่ได้เลือกเอง คนนี้ไม่ได้บอก คนนี้ไม่ได้รู้ ถ้าเขามีความต้องการอยากได้ทำอะไร เราให้เขาได้ตามเขาต้องการและความจุ้นเป็นที่ต้องใช้ และเราถามว่าจุ้น เราถูกจุ้นในอนาคต ถ้าใจร้อนขอจะใจร้อน ก็ไม่ได้อะไร จะไปถามอย่างนี้ไม่ได้ เราจะให้รออะไรก็ได้ ให้เขามากบ่อยกว่า มาเลือกเขาไปบอกเจ้า เราไม่ถามเวลา เราจะบอกแต่เจ้า ตอนนี้มีถุงยางอนามัยมีแค่ 53 หรือว่า 52 นะคร่า มีแค่เสียดีว่า ถ้ามีจะเอา ไม่เอาเกิดขึ้นเลยนะคร่า แต่เขาก็ค่อยถามอย่าซุ้ม พร้อมใจร้อน 56 ถ้าเขามีนี้บอกกับเราเอง เจ้าก็ ถ้า วันนี้ไม่มีค่า ครับหน้านะคร่า เพราะว่าเราต้องสังเกต อะไรแบบนี้ คือเราจะมีตัวจริงในการพูดครุย")
Respecting or treating clients as a member of the family with unconditional acceptance also are strong abilities of counsellors.

"...As mentioned earlier, we treat people who come here as members of our family, as close friends. Therefore, what we don’t like or don’t want to happen in our lives such as, being judged, belittling judging or, or being verbal bullied, we won’t do to our clients.

"...As mentioned earlier, we treat people who come here as members of our family, as close friends. Therefore, what we don’t like or don’t want to happen in our lives such as, being judged, belittling judging or, or being verbal bullied, we won’t do to our clients.

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Being effective with LGBT individuals requires not only standard counselling skills and abilities but also genuineness and authenticity that goes beyond what traditional clients may require. Many LGBT individuals are highly sensitive and empathic. They can feel or intuit the counsellor’s viewpoints, perspectives, and beliefs irrespective of what the counsellor says. They have spent a lifetime perceiving the judgments of other people and are highly attuned and sensitized to what those judgments feel like, whether they are expressed verbally or not. Many LGBT individuals have learned to avoid and distrust people who hold biases against them, while unconsciously seeking out and gravitating towards people who accept them as they are.

So, if the counsellor holds conscious or unconscious biases or judgments towards LGBT expressions or lifestyle, the client is likely to perceive these on some level and will be less likely to accept the counsellor’s input as valuable in their
world. Being effective with LGBT clients requires an extra set of capacities and a higher level of integrity and authentic acceptance of LGBT issues than standard clients might require.

1.2 Acknowledge the difference between sexual orientation and gender between clients and counsellor

To create a trusting atmosphere and a sincere friendly relationship, the counsellor must acknowledge and celebrate the difference between the clients and the counsellor. The counsellor also needs to be aware that there could be a difference in sexual orientation and gender between client and counsellor which could potentially become an obstacle.

"...As my sexual orientation is a straight man, some LGBT individuals especially transgender don't feel as confident to talk with me. They sometimes are shy to open up their feelings to me but seem to be more at ease or trust counsellors who are transgender as they are. So sometimes I can't help them at the deeper levels.", A02 ("...เรื่องจิตใจนี่ คือด้วยความที่บทบำททางเพศผมเป็นผู้ชำยเนำะ คือสำวประเภทสองไม่ค่อยกล้ำที่จะคุยกับผู้ชำย เพราะบางทีมีความเขินอาย แบบว่าเขาจะเปิดใจคุยกับที่เป็นแบบเขำมากกว่า คือ transgender เหมือนกัน ผมเลยไม่เสียยากค่ะ")

Clients tend to be more open to counsellors who identify as LGBT than heterosexual counsellors. Some clients feel an invisible bond between them and the LGBT counsellor causing them to feel more confident about sharing experiences, life stories, and attitudes.

"...For transgender clients, it appears that I understand them because I am the same as they are. We understand them more than straight male or female counsellors. The straight counsellors could not touch the deeper levels of clients' emotions because they never faced or had the same experiences as me who is transgender. They may understand but not as deep as I can do. I'm sure that most transgenders face similar issues as I have in my life from interacting in society, or education, or family rejection.", A03 ("...กลุ่มสำวประเภทสองเหมือนเราเข้าใจเขา เราทุกเป็นเหมือนกัน เป็นสำวประเภทสองเหมือนกับ เราเข้าใจเขาได้มากกว่าคนที่เป็นชายแท้หญิงแท้ แต่บางครั้งก็ไม่เข้าใจเรื่องปัญหาที่เขาเจอมากกว่ามาก่อน อาจจะแค่ เขาไม่ รับรู้ปัญหา เราคิดว่ากลุ่มสำวประเภทสองรู้เรื่องไม่ได้ เพราะเขาจะต้องเจอปัญหาบกพร่องวิริยะชายแม่นอน ปัญหาที่เรื่องสังคม การยอมรับจากครอบครัว แสดงประโยคนี้ บางคน กำรที่สำคัญ")
"...As I'm transgender, talking with our clients who are transgender is much easier for me. Because of the similarity of our attitudes, experiences, hormones we take, and ways we take care of ourselves. Generally, transgenders who want to be women will use the hormone to change their bodies as well as exploring how to dress up and makeup, surgery, all of this we have in common, so it helps to connect us", B03 ("...ถ้ำเข้ำไปหำกลุ่มเป้ำหมำยสำวประเภทสองเหมือนกันจะเป็นผลดีเรื่องพุทธดุย เพราะอย่ำงนี้คิด ประสบกำรณ์หรือกำรใช้ฮอร์โมนหรือวิธีปฏิบัติตัว มันยังมีแนวทำงเบื้องต้นคล้ำย ๆ กันมา คือสำวประเภทสองมีอย่ำกเป็นหญิง การใช้ฮอร์โมนวิธีกำรทำรูปร่ำง การแตงกายโดยเถบมันมีเหตุผลดุยกันได้เรีย gefน็อค จูนกันได้เรียกยิ่งขึ้น")

"...The counsellor doesn't need to be a transgender. They need to be trained before working. However, being transgender helps to build a relationship and make things easier. Because we face the same experiences as our clients, we can connect quite easily. They will trust us and when they talk about their issues, I understand what they are and both of us understand each other.", D01 ("จริง ๆ แล้ว เจ้ำหน้ำที่อ่ะ อำจจะไม่เป็น transgender ก็ได้ แต่ว่ำมันต้องมำเป็น ผ่ำนต่ำงๆ ก่อนที่จะมำเป็น ผ่ำนต่ำง คือกัน มันก็จะเหมือนกันยิ่งขึ้น แล้วควำมที่มำ อำชจะผ่มประสบกำรมันเหมือนกัน ในสิ่งที่เขำเจอ เรำก็เจอเหมือนกันอย่ำงนี้ เรำก็จะส่งต่อ เชื่อมควำมรู้สึก กันได้เรียกยิ่ง เรำก็จะมีควำมไว้วำงใจ เขำพูดมำเรำก็จะเห็นภำพ มีควำมเข้ำใจซึ่งกันและกัน")

1.3 Recognize that the client's challenges may affect the counsellor

During the counselling session, the counsellor will encounter clients who express their trauma and serious issues, such as AIDS infection, suicidal thoughts or depression. Therefore, the counsellor needs to be aware of transference or secondary depression which may affect his/her own emotions, feelings and mental states.

Our participants expressed some of their difficulties which occurred during counselling sessions. This transference is more likely to happen when the counsellor is not aware or not prepared to deal with certain issues of the clients.

"...I usually feel sympathy for our clients. We can see how life treated them badly before we meet them. When I think about this, my heart feels wretched. So, I wish and hope I can do more and would like to do more for them.", D01 ("...เราดงสำรในแง่ทีว่ำ แง่เราเก็บมันแล้วว่ำ ชีวิตเขาบุญ ยกส่ำงบุญบุญ แบงก์ที่ติดไม่เสี่ยงมันแบบ มันจะยกยิ่งเขำมาบุญบุญยิ่งขึ้น อืม เนี่ยล่ะ ก็จะกระทะปิง แล้วเราเก็บสิ่งเก็บไป เพราะต้องทำงานให้หนักกว่ำนี้ยิ่งขึ้น")
“...We need to prepare our minds. In some cases, the client brings serious issues to us. It’s heavy and if we are not ready for it, we then face serious stress, and we start to be like our client. We take their problems to be ours. So, we need to aware of these issues”, A02 ("...เตรียมสภำพจิตใจเลยครับ บำงทีเคสเอำปัญหำมำใส่เรำอย่ำงหนักเลย คือแบบ หนักจนเรำตั้งตัวไม่ทันเลยครับ เวลา กลำะเป็นแค่ไปง่อนเลย เวลาเอาความคิดของเขำใส่ของเรำอย่ำงนี้ “แล้ววันแบบ เศรษฐ์มำ เราดาวน์เลย ครับ อันนี้คือมันแบบ ผมเจอกับปัญหำอยู่ตั้งด่ำนนี้ บางทีเคสได้มำดุมเติม มำ ถัวว่า มันไงดีว่ำ”) 

“...I sometimes take on stress because of my client’s issues. I feel so bad about their situations. I wish I can do more, but I can’t help them more than I do now. What I learned to do is provide some solutions for them and I will consult with my manager and other counsellors so I can deal with my issues", D02 ("...บางทีเรำก็เอาไปเครียดเถอะ อะไรอย่ำงนี้ในมำะ ว่ำแบบ เอกสตรำดเขำเลย เราจะเร่ยว่ำเป็นอะไรดีว่ำ...เหมือนเป็นอันที่เราอยากจะขย้ำเขำมากก吧 บางครั้งเรำต้องสวยงามอย่ำงนี้ แต่เรา ตัวยำกกว่ำของเขำ หรือด้วยการทำงานเหน่ำที่ขย้ำเรำ บางทีอาจจะช่วยเหล่ำเขาได้เท่ำกับเรำ แล้วเราต้อง พยายำแบบเอกสตรำดเขำ ถ้ำมีในไหนที่เรำสามารถช่วยเขาได้ และขอคำปรึกษำผู้จัดกำรและเพื่อนชื่น ๆ ส้ำทรับความเครียดของตัวเอง")

Being under stress because of the emotions of the client is picked up or taken on by the counsellor. After the session has is finished, the counsellor may hold some residual, anxieties or feelings that their client was experiencing.

“...Sometimes I was under stress because I take client’s issues to be mine, then overthink and worry about them. It was like an unending stream of anxiety and depress came over me. My solution was to discuss with my team and senior counsellor. They lead me to deal more appropriately with it, to separate clients’ issues from me. They usually tell me ‘we can support our clients but we can’t solve their issues for them. To leave the work behind when you are out of your office. They suggest I do other activities to help me feel better such as exercise, hang out and have some food with friends to deal with this issue.”, C01 ("...ช่วงนั้นเครียดนะ เอ๊ะ คือบางครั้งเราเกิดเครียดคือบางครั้งเราเกิดเครียด เฮ้ามันเกิดขึ้นกับอันแล่มี่ย์ นั่นเหมำยความกว่า เรากำลังคิดว่าเราเป็นคนจะมันกับเครียด ที่นี่เรำมีกิจกรรมช่วยกันที่จำกันหน้าไปให้คำปรึกษำ ก็มีมันที่ๆ เป็นผู้จัดกำกระดับหน้า คอยปรึกษำค่ำว่า แม้กับเครียดมากกแล้ว แต่สุดท้ายเรำให้จนปัญหำแบบนี้แล้วต้องทำยิ่งกว่า เรายกอนกวาง เขำอย่ำไปคิดเห็นมาจากด่ำอะไรเราปัญหำเรำได้พอง เราดูแลเขาได้เครียด แล้วเราก็ให้แก้ปัญหำไป เลิกงานก็ศึก เลิกงานนะครับ ลูกขาว อย่ำมากันไปคิด ให้ไปหาاخرงานอย่ำงอื่นทำ เราไม่ไปกิน ไปเที่ยง ออกก้าวลยำ เรายก็สามารถบรรทมที่จะดำรงใจนี้ได้")
"...I usually am left with the anxieties of my clients. I know sometimes I cannot handle their issues, even when I try several different ways, I feel there are some issues that I cannot deal with but I can help them to get more relaxed. But afterwards, I remain still worried about not being able to solve their issues.

Effective counsellors realize that they may experience stress from their clients’ issues and work to find constructive ways to deal with or process out those energies and emotions.

2. Awareness of LGBT Issues and Challenges

The results indicated that ‘awareness’ was a key competency in working with the LGBT community. Effective counsellors aim to be aware of the problems, issues, and needs of the LGBT community. The counsellors also are aware of the lifestyle and attitude differences between lesbian, gay, bisexual and transgender individuals as well as the that exists in it. Through life experience, or counselling experiences and various workshops that share LGBT community issues, counsellors can learn about issues and solutions sessions.

There are three subcategories in the second category. They are “Awareness of the specific counselling needs of each LGBT client”, “Awareness of the diversity within the LGBT community”, and “Awareness of common LGBT issues.”

2.1 Awareness of the specific counselling needs of each LGBT client

Our participants are aware that they need to understand their clients’ problems. Why are they coming to see them? From this place, they can guide the person through a client-centred, non-judgmental counselling approach.

"...For me, I will put the effort to understand their problems. I will try to find more details about the problems. Is it related to a family’s issues or related to childhood? Have they been stigmatized or bullied? When I have enough information, then I will start to support them, encourage them as well as empower and build self-compassion and self-esteem. Our goal is to support them so they can reject the negative or judgmental judging words that others told them."
A03 ("...แนวทางของบังคับการ พยายามเข้าใจในปัญหา พยายามเข้าใจ แนวทางของบังคับการ สอบถามถึงปัญหา เข้ามีปัญหาทางครอบครัวหรือเปล่าอย่างนี้ก็ ไม่ว่าคนใด คนดีที่มาก่อนเข้ามีปัญหาเกี่ยวกับการดูแลรักษา การดูแลเด็กในสังคมหรือเปล่า เพื่อที่จะแบบพูดเสริมกำลังให้เข้าว่า เหมือนเสริมคู่ค่านิยมในเรื่องของเขา ว่าเขาไม่ได้เป็นเหมือนที่เขาดูแลดีความอะไรแบบนี้ค่ะ")

The clients' life background, childhood, and family's issues need to be addressed. Counsellors build a trusting atmosphere to lead their clients to open up and tell detailed stories. Together they come up with a solution to be more obvious.

"...First of all, we need to help them to know their issues. I mean the real issues from them. As I mentioned, most of the time they won't tell us directly what problems they have but they will tell us their stories. So, we need to listen and catch the main points to know what are the real issues for our clients. Then we and our clients need to list the problems, then prioritize them. Which one can be solved and which cannot. Then the client and I will plan together step by step. Most of our clients usually don't see their issues clearly", B03 ("...ทั้งนี้เราเลยจะต้องให้เข้ารู้ปัญหาที่ตนเอง ปัญหาจริง ๆ จากเขาเนาะ คืออย่างที่บอก ส่วนใหญ่เข้าไม่ได้ออกมาตรง ๆ เลย คุย พี่ หนูมีปัญหาที่นี้ ส่วนใหญ่ก็มารูปแบบของเรื่องแต่ เราเข้าปลัก เราก็ต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ล้อที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้วเราก็มีมุมเด็ก ๆ ใส่ใจตัวความสำคัญ ผลที่ออก เราต้องเป็นผู้พัฒนา พร้อม ๆ แล้วก็ค่อยจับประเด็นว่า ปัญหาจริง ๆ เข้ามีอะไรจริง ๆ แล้..."

It is also important for the counsellor to know what the negative influences are from the past were, such as family rejection, physical or verbal bullying and their internalized judgments as a result of rejection being an LGBT. Once these are discovered, these can be turned around.

"...Usually, I will help them to choose to stop hindering themselves first. I will help my clients to have a positive attitude towards themselves, then with their community or society. I aim to start from within, inside of them. When they don't have a positive attitude about themselves, they will see everything as bad and negative. But when our clients stop looking down or judging themselves, then they will not be affected by any issues.", B03 ("...โดยปกติจะเลือกให้เขาเลิกปิดกั้นตัวเองก่อน ให้เขามีทัศนคติที่ดีกับตัวเองก่อน กับสังคมก่อน เริ่มจากภายใน เริ่มจากตัวเองก่อน ถ้าเขาไม่มีทัศนคติที่ดีต่อตัวเองและต่อสังคมอื่น มันก็เหมือนทุกอย่างเป็นเลย ถ้าเขาไม่ติดตามตัวเองเรื่องนี้ ก็จะกลายเป็นว่า จุดเหล่านี้มันก็จะทำอะไรเขาไม่ได้ จริงไหมคะ")
the counsellor often needs to educate their clients regarding how to have well-being and live a healthy life as well as give them information about medicine, prevention of sexual diseases and general well-being. A healthy life, to discuss The educational session may happen regularly because of the client’s lack of ability to remember it all at once. So, the counsellors will keep telling and talking regarding important issues each time the client comes back.

"...Step one is to lay the foundation for the information. I will tell them everything useful for them such as sexual diseases, every detail they should know. Because they won’t remember or understand all the things the first time and they won’t see me only once but they will come back. I will keep adding more information until they start to be aware of it. At least they should know how to keep themselves safe or how to solve their issues, I think educating them is important.”. A02 (“...ขั้นแรกเลยครับคือกำรปูพื้นฐำนควำมรู้ให้เขำ แบบเต็มรูปแบบเลยครับ คือ ทุกอย่ำงทุกโรคติดต่อทางเพศสัมพันธ์จะบอกเขำไปหมดเลย แล้วด้ำยควำมที่บอกเขำอาจจะประมวลผลไม่ทันหรือ...เคื่อนไม่ใต้เข้ำมาแค่รอบเดียวกับ เขำเขำมาที่นี่หลายรอบ เรำก็ให้กำรแบบว่า ไปเรื่อย ๆ ไม่ควำมรู้ได้ช่อสุทธิไปเรื่อย ๆ จน เขำที่อยู่เป็นครับ แต่ไม่ได้รู้คำนวณที่เขำออกทังหมด แต่เขำที่อยู่รู้วิธีป้องกัน วิธีเดินใจทำยังไงอะไรแบบนี้ครับ คือ ปูพื้นฐานควำมรู้ให้เขำไปเต็มที่ครับ“)

2.2 Awareness of the diversity within the LGBT community

Counsellors acknowledge and believe that sexuality is far more diverse than the polarized straight versus gay paradigms that many people believe. Sexual orientation is more of a fluid and dynamic continuum between heterosexual and homosexual. Rather than fitting into one of these polarities, it’s more about each person being able to accept themselves, be confident with who they are, and honour expressing their sexual feelings independent of social norms. Sexual diversity, sexual fluidity, and diversity of sexual orientation are the main points that a competent counsellor always aware of.

"...Sexual diversity, sexual fluidity, and different gender and sexual orientations exist. We need to support the equality of all gender expressions. Even though we are born into two biologic sexes, we shouldn’t frame our genders only on that, but rather let our genders be free to be who we are”, A01 (“...มันก็จะมีหลักหลา合计ความสัมพันธ์ทางเพศนะ ผันผวนหลากหลาย ก็อย่ำงก็ได้ให้ยอมรับกันๆ เพศหญิงก็จริง ๆ นะ คือถ้ำเรำเกิดมาเป็นผู้ชายอยากเป็นผู้หญิง ไม่ต้องจับอยู่ในกรอบผู้ชายเลยก็ปล่อยตามกรอบอิสระของเราไปแบบนี้นะครับ“)
Counsellors are also aware that the romantic choices of the clients may differ from their perspective or even be different from the majority of LGBT individuals themselves. Some LGBT individuals believe that only a gay man can date with a gay man. However, some transgenders or lesbians may want to date a gay man as well.

"...Honestly, our perspective should be wide open. If we still have the old thought that this gender needs to be with that gender only, we are building a sexual box and supporting the prejudice. For example, when we have the sexual box and our client is gay, we will think that he should date or hang out with only gay. However, he may not want to date gay but prefer other genders. We may think he is a weirdo, why do like this? If we still hold this kind of prejudice, we will judge and believe there is something wrong with this gay person and the bias will continue and increase continue to increase in our mind and thoughts.", B03 ("...มันกลายเป็นความจริงที่ว่า เราต้องเปิดกว้าง การมองอะไรแบบนี้ยังคง ซึ่งถ้าเรารักติเต็มแบบนี้อาจจะเป็นการสร้างกรอบหรือ แคดดี ถ้าสมเด็กว่ามันบริการเขาเป็นแกน ในความคิดของเราค่อยมองแกน แต่เราอาจจะบอกว่าเขาไม่ได้ชอบแกน ซึ่งยัง ถ้าเราติเต็มแบบนี้เราก็จะว่า ผู้อื่นที่แปลกที่ไม่เป็นแบบนี้ แล้วเกิดอีที่ดีในการให้บริการอย่างเช่น"")

It is also important that the counsellor know where LGBT client lives. Because the location of their home also plays an important role in how these clients react and interact with society and the LGBT community. Some rural-suburban LGBT individuals may still want to keep their preferences quiet and simple as they are still less accepted, meanwhile the city LGBT individuals may feel more accepted and want to let people know who they are through their clothing and behaviors.

"...The lifestyles of LGBT individuals in the city and suburb are different. The individuals who live in the city are more confident, open to be seen as LGBT in the community, dare to dress up and makeup and have the courage to do something for the LGBT community. However, some LGBT persons who live in the suburb may still live in the closet and are still be afraid to live the lives they want to", B04 ("บริบทการใช้ชีวิตของคนกลุ่มเรำต้องเครื่องนี้จะแตกต่างหลากหลายแบบ การมีตัวตนของ ตัวเอง การใช้ชีวิต มันเกี่ยวกับกัน อย่างในเมืองมันเราจะมีความกล้าแสดงออก เหมือนกฎ กล่าวถึงที่สุดกล้าทำ กล้าคิด กล้าแต่ง แต่อย่างนี้เป็นรอบนอก ถ้ามองเห็น เพื่อที่จะจะอย่างช้าทางดังกล่าไว บางส่วนเกี่ยวกับกันคืออะไร"
2.3 Awareness of common LGBT issues

Counsellor acknowledges their client’s current issues which feel overwhelming in their lives.

"...I want to help [LGBT] and their issues are very close to my life, they are my issues too. So, I’m willing to help and support them as much as I can.,” D01 ("...เรารู้จักการทำงานช่วยคนเหล่านี้ แล้วเราก็เห็นว่าประเด็นอันนี้เป็นประเด็นที่ใกล้ตัวมากเลย คือมันเป็นประเด็นของเราเอง ถ้าเลยยิ่งสนใจมาก มากขึ้นไปยังก่ะ)

LGBT individuals are often rejected by their families and bullied by people in community or society, which creates a negative mental state, leading to feeling a sense of shame and not being able to confidently express their needs. The counsellors perceive these issues from talking with their clients and listening to their stories. Family rejection, physical and sexual abuse are the most common in typical in their clients’ lives.

"...We have been noticing that in the case of transmen and lesbians, they often experience sexual harassment or are physically abused by straight men who have a perspective that having sex with them can “fix a butch to be a lady”. D01 ("...เรารู้จักเห็นว่าจะเป็นแค่ของคนที่เป็นคนที่เข้าเพศจากหญิงเป็นชาย ยิ่ง ก็จะถูกผู้ชายตั้งระเบียบลิขิตเข้าไปในเรื่อง ซึ่งมักจะไม่ใช่เป็นเรื่อง อะไรอย่างนี้ก่ะ")

"...Most of them, the mental issues are from rejection in the family. When they were young, during childhood, they got seriously bullied and continually shaming for who they are. Some LGBT were convinced that they were abnormal or sick which led to more bullying and maltreat”, A03 ("...ส่วนใหญ่ ด้านจิตใจจะเป็นเรื่องของการยอมรับจากครอบครัวก่ะ” “เหมือนอาจมันวัยเด็กของเขามาอาจจะไปเจอแบบการถูกเล่นเด็กมาก ๆ การถูกตีตรามันมักจะเป็นแบบนี้มันไม่ได้นะ ถูกเล่น ถูกแก้ไขอะไรแบบนี้ค่ะ")

"...There are many issues on discrimination or social suppression concerning sexual identity, especially being transgender. It’s been reported to us they have been laid off from work, rejected by family, even physical harm or sexual abuse too”, D01 ("...มีประเด็นเยอะมากที่มัน เป็นการทำถูกตกบ้าย่านี้เรื่องมาจากตั้งระเบียบลิขิตของพวกเขา ของการเป็น Transgender ที่ตั้ง อันนี้เรารู้จักแล้ววันนี้มีประเด็นอะไรบางอย่าง เช่นว่า เธอผิดเรื่องจากที่ทำงานบ้าง ที่บ้านไม่ยอมรับ เธอผิดเรื่อง หรือว่า เธอผิดเรื่อง แม้แต่ถูกทำร้ายก็มี ถูกต้องระเบียบตาเพศก็มี")
There are prejudices that LGBT individuals face are both from society and from within the LGBT community itself. There are conflicts, divisions, and stereotypes. As an example, the idea that Male to Female transgenders (MtoF) can only work in bars and dancing shows for work.

"...As mentioned earlier, some LGBT individuals may or may not be aware that sometimes they pass on the stigmas which they received back to others in the community. Now we are operating or trying to support inclusive equality for all but it is difficult if the members in the LGBT community still hold judgments against each other. The result may cause the delay to our equality", B03 ("...บางทีอย่างที่บอก คือ LGBT ทุกคนอาจจะรู้ตัวหรือไม่รู้ตัวเกิดการผลิตขึ้น การตีตราพวก เดียวกันอะไรอย่างนี้แล้ว ซึ่งเราขับเคลื่อนให้คนเข้าใจเรื่องเกิดความเท่าเทียมกันในภาพรวม ซึ่งมันเกิดขึ้นมาในภาพรวม แต่กลุ่มเราเองก็ยังมีการตีตรากันเองอย่างนี้ได้ ซึ่งมันเกิดขึ้นได้แบบว่า มันขับเคลื่อนยากในภาพรวม")

Despite their abilities, LGBT individuals still can be discriminated against and treated unequally when it comes to employment and opportunities in promotion because of their sexual orientation. Some organizations even have policies that which discriminate specifically against LGBT, or individuals by ignoring or rejecting LGBT them

"...Honestly, in Thai society, they may say they accept LGBT individuals but they don’t accept 100 per cent. If we really can measure the acceptance into the number, I am not sure if we will reach 20 per cent. It’s true that they are more open to this but not totally. We still have many issues such as with opportunities in government positions or the lack of a civil partnership bill. As I said, Thai society is more open for us but we still have not reached equality. Shortly, I wish we can have equality both in government level and people’ lives, both in concept and practice.", B03 ("...เอาจริง ๆ ในสังคมไทยยอมรับ แต่ก็ไม่ใช่ร้อยเปอร์เซ็นต์ และเอาจริง ๆ ที่พูดสังคมยอมรับ ๆ ลึก ๆ 20 เปอร์เซ็นต์ ส่งเสริมเปิดกว้างขึ้นจริงไหม ถ้ายอมรับทั้งหมดก็ยังไม่ใช่ แล้วทั้งอีกเรื่องหนึ่ง เรื่องทางชีวาราชการ เรื่องการี ทางกฎหมายสังคมไทยยังมีแนวที่จะเปิดกว้างขึ้น แต่ยังมีอยู่ข้อต่าง ๆ ที่ยังไม่ประสบความสำเร็จริง ๆ และ อย่าให้ในอนาคตถ้ามันเป็นไปได้ อยากให้มีกฎหมายรองรับอะไรต่าง ๆ ที่มันมีความเสมอภาคมีความเท่า เพื่อที่เป็นรูปธรรมและนามธรรมจริง ๆ ในอนาคตนะ")
"...Even if you are well educated, have professional skills or are devoted to the job, some organizations still won’t accept LGBT individuals especially transgender as a result of biases. Gay or MSM [man sex man] (men who have sex with men) may have better opportunities because their dress matches their biological gender as a man and they can also act as heterosexuals. So, they will have fewer issues. For transgenders, because their title and their appearance doesn’t match with government database [from Man to Female transgenders] most of the transgenders get rejected from their expected careers."

The government position or career is the dream job for many Thais. Transgenders sometimes find they have less opportunity to be recruited. Moreover, if a transgender (MtoF) is recruited to be an officer, she may be prohibited from dressing up in a female officer’s uniform and may not have the ability to have their biological sex changed in the formal documents.

"...First of all, the first thing which comes to my mind is the issue related to a government position. I wish that transgenders who modified their bodies as a female can dress as female officers if they get a position, even though if their titles have not been changed, would and accept us for who we are as transgenders."

Some LGBT individuals lack health and self-care information, such as how to prevent sexual diseases. Therefore, they are at risk to contract and spread sexual diseases, such as HIV or AIDS which may worsen their mental health issues of LGBT individuals, due to the negative perceptions which still exist about these diseases in society. The counsellors are aware of these issues and support them via education, blood testing, and free antiviral drugs.
"...The main problem in Pattaya is the majority of LGBT here don’t have enough information regarding their health and sexual disease. Some of them have no idea what the disease is, what are the symptoms and how to deal with and properly treat if infected.\(^{\text{A02}}\)

"...I won’t just tell them to do as I say, but rather have a discussion, such as ‘Why don’t you use a condom? They will answer ‘I’m too lazy to go out and buy it.’ Then I will give some to them. We will find a mutual agreement to deal with the issues. Because only telling them what to do doesn’t change anything. So, I will guide them to explore better ways to prevent disease and protect themselves such as taking the PrEP antiviral medicine and I always give them free condoms. I want to help them to think about it.\(^{\text{B02}}\)"

3. Advocacy and Support of LGBT Individuals

All the counsellors had a willingness and ability to support, advocate and represent LGBT individuals’ rights to push forward equality regarding health care support as well as anti-discrimination in their local community.

In this competency, there are 2 subcategories under it: “Advocacy for LGBT rights”, and “Emotional and Health Care Support”. Counsellors usually utilize the human right policy, medical procedure as well as client-centred counselling to support and advocate for their clients.

3.1 Advocacy for LGBT rights

Some LGBT organizations even provide encouragement and resources to assist those who have experienced discrimination. The counsellors were consistently willing to advocate for positive and non-prejudice attitudes as well as acceptance toward LGBT. Counsellors are also willing to support same-sex marriage and civil partnership bill as well as advocate for the existence of LGBT rights in society.
"...When there are any issues regarding discrimination and law, we have our contacts who we can ask for help. We will inform our clients who to contact and what they should do, even suggest they appeal to the court or report to the police. We have information for them and will ask them if they want to continue on this by themselves or want us to do it for them. We will discuss with them about benefits, results and some issues which may occur. We will explain the process step by step then our client will choose what and how they would like to handle it."

"...There are many LGBT who still don’t have the rights they should be provided. Sex workers who work here [in Pattaya] don’t have access to social programs. They have no right to have any treatments from the hospital, especially those who came from other provinces. Some cases had blood tests with us and the results were [HIV] positive. It’s a serious issue that these clients can’t get access to the treatment immediately because they don’t have a health care program or the program is limited only to a certain province. These clients will be delayed to start anti-virus medicines, we all know that for a positive case, they will get a big benefit if they can have medicines as soon as possible. Swing Foundation, will 1. Find the way so our clients will get treatment as soon as possible if they are ready to start. 2. If they say “yes” we will contact a local hospital to register our clients. In the same time, we will help our clients to move their health care program from their original hometown to Pattaya. So, at the beginning of treatment, the clients will have medical access by our foundation’s budget, then when their health care is moved, they will get coverage under their program. We are willing to help them from the beginning until they can go and get medicine in their name, and even then, we follow up with them"
"...Last year, our foundation organized an event called 'Love is Love,' to promote the civil partnership bill and marriage equality. We invited lovers, both heterosexual lovers, and LGBT lovers. It was a diversity party that we wanted to hold for them and also to advocate gender equality as well."

"...I want to get the appeal for LGBT's rights. Today LGBT individuals especially transgenders have almost no rights to live as they would like. They are often rejected from working and cannot change their name title. Some of them are treated as a lower class in our society or are bullied. Transgenders don't seem to have any rights to live as who they are and want to be. They are a nobody in our society and I think this is a big issue."

3.2 Emotional and Health Care Support

Counsellors not only provide advocacy advice for their clients but they also act on emotional and health care support at the same time. They usually help their clients to get the health care support as soon as they are tested positive for AIDS. The most counsellor will follow up with their clients regularly to make sure that they have enough support during hard times and make sure they continue to take care of themselves with medicines. These counsellors will open up any communication channels needed to make sure that the clients can reach them and they also can reach the clients on a timely basis.
“...Now we have many more depression cases and mental well-being issues. We provide medical depression tests which we can provide at our clinic. If the test results show that our client has risks or any problematic tendencies, we suggest the next steps for treatment. If we need to send them to the psychiatrist, we can do it. We will send them to Chula Hospital. However, we will prepare them first. In general, there is no clinic like ours, there is no counselling like this, no private counselling room. Our clients feel safe here and when they open up and talk to us, most of them will feel better on many levels.”, D01 (“...คือตอนนี้ความที่เราเจอคนที่มีโรคซึมเศร้าเยอะมาก มีปัญหาทางด้านสุขภาพทางจิตเยอะ ตอนนี้เรามีแบบทดสอบคัดกรองทางการแพทย์อย่างค่ะ แต่เป็นแบบฟอร์มที่เราทำสามารถทำได้ในคลินิก ถ้าทำแบบฟอร์มมันแสดงให้เห็นว่าคน ๆ นี้มีแนวโน้มไว้ว่า จะสังเกตุลักษณะแตกต่าง มันมี step ว่าเราจะต้องทำอย่างไรต่อ ถ้าต้องส่งจิตแพทย์ เราจะต้องล้วน เราจะได้ เราจะต้องไปที่จุฬา แต่เบื้องต้นเราจะช่วยครุภัยเขา และก็โดยทั่ว ๆ ไป บางทีเขากลัวที่ไม่มีคลินิกแบบนี้เขา มันไม่มีที่ให้คุณปรึกษากับแบบนี้ ที่ไม่มีช่วยเหลือแบบนี้ แต่เราจึงทำหน้าที่เป็น transgender ที่มันทำให้เขาชื่นชมได้จริง ๆ พอเขามาเล่าให้เราฟังนี่ ส่วนใหญ่แล้วก็จะดีขึ้นในระดับหนึ่ง

“...Some cases may get stressed and think about suicide. Our counselling process is set up so that when the clients learn their blood test results, we will do a follow-up call within 24 hours. To ask how do they feel? At night we also call, at 1 A.M., or 2 A.M. Because most of them are sex workers. I usually call at 2 A.M., 3 A.M. which they finish their job to ask how they are doing?”, A04 (“...บางคนจะมีแบบเครียด จะทำให้คุณมากก็มี แต่ระบบการทำงานก็จะออกได้ ถ้าเขาสูญเสียแล้ว กลับไปเป็นกิจการ โทรตามเขาใน 24 ชั่วโมงเลย ว่าเป็นยังไงบ้าง ตอนนี้เขาคิดก็ต้องโทร คือหนังสือจะส่งมาหาเขา ซึ่งเป็น sex worker นะคะจะโทรประมาณด้วยคำ เสียงก็จะให้เขา ถ้าเขาเลิกงานและโอนแบบนี้ ว่าเป็นยังไงบ้าง”)  

“...I got informed that a client stopped taking his medicine. He was discouraged and depressed. I asked him to tell me 3 things which made him discouraged. He told me he was under stress about his boyfriend. When his boyfriend knew his HIV status, he left him. After I heard about him, I started to support him continually. Encouraging him to take medicines, ‘even if your ex left you, you still have your dad and your mum, you still have a family. Please think about them, imagine about your parents’ faces and your family.’ Who do you work for these days, I asked, for your family? You send money to your family, right?’ It means that you are the hope of your family, you cannot die now, you need to fight. Don’t be scared of HIV. When you take medicine, it will suppress the virus now to lower than 50 and then everything will be normal. You will be as others, no blisters, no rash. You can work as normal too.’ Today he still works and work is good. He got promoted to a vice manager. I believe the encouragement is important because I could help my clients to get back to living a normal life as others do. He didn’t receive any stigma or discrimination.”, C01 (“...เพราะมาระเชื่อมั่นว่า มีคนที่อยู่ ไม่ว่าที่เขาไม่กินยา คือ เขาทำอะไร หยุด ก็เลยตาม
ว่า ครูพี่เรื่องอะไร ให้เรียงลำดับมา 3 อย่าง ประเด็นที่ 1 ก็คือ เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่าแฟนทำให้เขาคุกคาม แต่พอได้ยินผลเลือดของเขานั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขานั้น แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขanan แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขanan แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขanan แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขanan แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขanan แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขanan แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขanan แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขanan แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่าวว่า เขาเครียดเกี่ยวกับเรื่องแฟน เพราะว่า พอได้ยินผลเลือดของเขanan แฟนสัมพันธ์กับคนอื่นแล้ว พอได้ยินหลังจากนั้น เราก็ support เขาตามข้างห้อง ครูพี่ได้กล่า
There was a case who had sex with his boyfriend without using a condom. It was still within 3 days, so he and his boyfriend went to get the blood test and one of them had a positive result. When our client knew his blood was positive, he told his boyfriends. So, what we should do? It was still within 3 days but we (Swing) didn't have any PEP anti-virus medicine. So, we sent his boyfriend to a private clinic in Pattaya. He received PEP medicine because we referred him. He is safe from the virus. After 28 days, we asked him in and tested his blood again. He was clear, not infected."

"...I have knowledge and understanding of my client’s feelings. I know they feel embarrassed. So, I ask myself, If I were my client, what would I do? How would I feel? I will explore this. Then when I realize she would feel embarrassed, how can I best help her with that feeling? For example, going to the hospital. If she goes alone, she may not know what to do. Even for me, I sometimes don’t know what to do or which building to access or where should I start. So, I will guide her what to do step by step or sometimes I just tell her I will be your companion to go to the hospital."

"...Besides, the participants stated that having the Client-Centered approach, which is a focus of unconditional acceptance and not judging the client and let the clients make their own decision with sincerely supports from the counsellors.

"...We need to focus on our clients and follow their life context. We just need to respect them, respect their decisions and behaviour. Even if they do one-night stands and sleep with many people, we won’t judge them or think that this person is deprived, we should not think like this.
about them. Because overall, it's their right to live that way, we have to help them to build awareness about being safe.

"...The client was sent to me 6-7 months ago to get some support and encouragement because his blood (HIV) test was positive. I guided him by reflecting his thoughts and emotion. I helped him to get clarity so he would know how to go in the right direction, not into the wrong one. I worked as a guide. I could not decide for him.

"...I help my clients by guiding them, but they are in the lead. My counselling approach is to ask questions to surface more details. Why you were kicked out from your job? Did your boss have any biases against any of these issues? Then I will wait for the answers, I will listen to them. I try to not make them right or wrong. I will accept their perspective and their action as they told me. I try my best to understand them.

"...There was one case, he eventually came to do the blood test with his boyfriend. He is gay and they came to together to get the test. The result showed that his blood was positive. The first question which he asked me was, 'Can I still have any children?' So, I asked him what led him to ask this question? He told me that he is Muslim and his family already arranged a wife for him. He asked what should he do? In this case, the issue also related to his sensitive beliefs. I couldn’t tell him that you should do this and this, step by step. He needed to choose what to do by himself and make his own decisions. I only have the responsibility to help him to recognize and understand his problems.

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4. Ongoing Self-Development

The Ongoing self-development for counsellors is necessary in order so they can better have the information needed to support their LGBT clients. The counsellors need to advance themselves with up-to-date and appropriate information regarding health care, rights, and counselling methodology. This self-development often occurs by attending LGBT in-service workshops, where they discuss experiences and share knowledge with other counsellors and activists from other organizations.

There are two subcategories on this competency: “Self-development through formal learning” and “Self-development through experiences shared”

4.1 Self-Development through Formal Learning

Counsellors usually attend workshops or seminars regularly to improve their understanding and abilities as well as network with others who work in a similar field. Research participants stated that attending seminars helps them to catch up with the new information and keeps their counselling skills updated with additional therapy methods they can use with their clients.

"...Each month, there are events such as workshops, seminars or discussion groups which are financially supported by our donors. The topics are varied and so and our supervisor will pick who or which departments should join on each event. For me, I usually attend counselling and supervision workshop at least twice a month", B01 ("...แต่ละเดือนมันก็จะมีกิจกรรมที่มีการจัดเสริมจากแหล่งทุน จัดอบรม มีเวทีเสวนาแลกเปลี่ยน เข้ากับมีกลุ่มเป้าหมายของเข้าทางผู้เรียนก็จะพิจารณาว่า..."
We usually work with only adult transgenders and have no idea how child transgenders are getting help. I think some organizations work to support child transgenders but only a few. We would like to expand into this. We are planning and working on how to help. We are looking to meet with counsellors, psychologists, or psychiatrists who would like to help us develop this.

I usually attend seminars that promote health or safe treatment for our clients [HIV, AIDS]. With these seminars, I would learn what is the appropriate process and how I can best handle things. Besides this, I usually join conferences that provide information about LGBT’s rights, medical treatment, counselling therapy methods, and models or programs at least once a month.

Our participants also develop their skills and knowledge through supervision with or suggestions from their team. They usually exchange ideas, share working and counselling experiences and explore new areas which will be better supporting the clients.

If I have questions or get stuck with some issues, I just ask my colleagues who are mostly transgender. I ask anything which will give me more information. I just pop in to their offices when they are available and ask. They can explain to me step by step with the correct information.

4.2 Self-Development through Experiences Shared

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"...As a manager, besides working as a counsellor here I also support our staff of counsellors. We will discuss what they need to improve in by suggesting training, conferences, or courses which would help them in working to support our clients. We also evaluate our counsellors every quarter." D01

"...For other issues about transgender, I usually ask people here. Most of the staff here are transgender, when I would like to know anything, I just shoot the questions to them and they will give clear answers step by step" A02

"...Sometimes, I will learn from my team (senior staff) on what or how I should say to help our cases. Or something that beyond my capacity such as issues about transgender, I usually consult with my teams who are transgender, their suggestions may help the cases to more open up to me." D02

Effective LGBT counsellors use regular ongoing self-development as a tool to improve themselves so they can better assist their clients and stay on top of changes that can make them both more effective and serve more people.

4. The Conclusion to Research Findings

When interviewing LGBT counselling professionals in Thailand it was obvious, they were very dedicated and committed to supporting their constituency in diverse ways. Their work goes far beyond untangling emotional & psychological struggles and ventures deeply into assisting their clients in many aspects of life, from health care through to advocating for social changes that can help all LGBT and society advance to become less judgmental and more harmonious. They are a dedicated and caring group, often because they have lived the hardships and realize that together they can create change.
The data on counselling competencies for LGBT clients seemed to naturally form into four categories. Effective counsellors typically exemplified: 1) Capacities of LGBT counsellor, 2) Awareness of LGBT issues and challenges, 3) Advocacy and Supports of LGBT individuals, and 4) Ongoing self-development.

The capacities of LGBT counsellor competency uncovered that counsellors can build relationships with clients. They can accept their clients’ viewpoints without prejudice. In other words, they are willing to drop old heterosexual mindsets and were ready to embrace the diversity of sexual expressions. Counsellors also need to be aware that the challenges in their client’s lives may affect their lives and could lead to depression, distress or burnout. This competency can help the counsellor to be prepare and develop better self-care so they can continue to support their clients.

Awareness competency focuses on the counsellor’s capability to uncover the needs of each client as well as have the skill and knowledge to support the client through their specific issues. They should be aware of differences, diversity and common issues within the LGBT community and which LGBT individuals face in their community.

Advocacy and Supports of LGBT individual competency uncovered that counsellors not only work with clients in their office for counselling sessions which usually utilized by Client-Centered counselling but also typically go out into the community to advocate, protect and stand beside their clients. They are willing to work along with their clients to bring sexual equality to society, fight against discrimination and abuse, propose laws to protect LGBT individuals or even join their local Pride parade.

Ongoing self-development competency focuses mainly on counsellors. They need to keep learning and improving their knowledge, skills, and information so that they can better support their clients holistically. Attending seminars, courses, workshops and expanding their knowledge and connections are what counsellors in Thailand commonly do to develop themselves.
Part Two: Counselling Guidelines

This second part presents the counselling guidelines were constructed from synthesizing the research findings and implementing them through focus group discussions with 18 psychology students to answer the second research question “What are the significant guidelines for appropriated counselling competencies specifically for lesbian, gay, bisexual, and transgender clients?”

1. Constructing of Guidelines

2. Tentative Guidelines for Counselling Providers to support LGBT Clients

3. Implementation and Findings

4. Guidelines for Counselling Providers to support LGBT Clients

Haroon et al. (2015) stated that “guideline” refers to a handbook of collected knowledge that leads to better or best practices as well as gives insight to the reader. In general, the guideline also leads to the right actions and well-being supporting behaviours. In this chapter, guidelines refer to summarized statements of data that emerged regarding practical counselling actions proposed to promote counselling competencies for LGBT clients. that is currently being practised by professional counsellors with the LGBT community in Thailand. The research guideline will contribute knowledge and information to psychological counselling, especially suited for counsellors who work with LGBT clients intending to promote the well-being of LGBT individuals through therapeutic sessions they receive (Jitjaroentaweechok, 2005; Lilatanagorn, 2003) The guidelines were assessed with a group of 18 counselling psychology students to check for its trustworthiness through workshop and interview of participants.

1. Constructing of Guidelines

The researcher initially constructed counselling guidelines from the research results which emerged from the perspectives and suggestions of LGBT counsellors, activists, counselling students, advisors and the researcher himself, which were then peer-reviewed. There were 4 stages used to construct the counselling competencies guidelines for LGBT clients:
1. Analyze and synthesize research results
2. Write a draft of the guidelines and propose the guidelines to advisors and professors
3. Implement guidelines with a group of counselling psychology students
4. Modify and formalize the guidelines

1. Analyze and synthesize research results

As shown in the previous chapter, the competencies which emerged from data analysis are: 1) Capacities of LGBT Counsellor, 2) Awareness of LGBT issues and challenges, 3) Advocacy and Support of LGBT individuals, and 4) Ongoing self-development. After the researcher proposed these four competencies to advisors, he then synthesized the research data to write the first draft of counselling competencies guidelines.

2. Write a draft of guidelines

At this stage the researcher wrote the draft of the counselling guidelines which include 1) The purposes of the guidelines, 2) Scope of the guidelines, 3) Definition of Terms, and 4) Tentative guidelines for each competency as detailed below:

2.1. The purpose of guidelines

The researcher defined the purpose of the guidelines to establish a clear recommendation as well as give counsellors the flexibility to apply them in a way that best suits their style. The purposes of the guidelines were:

1. To define appropriate guidelines for effective therapeutic sessions between counsellor and LGBT clients
2. To be used as a primary resource which counsellors can refer to or utilize to develop their counselling process to best support their LGBT clients

2.2. Scope of guidelines

A clear scope was defined on the guidelines so that the counsellor can utilize it as well as develop it or apply it to suit with their counselling sessions.
2.3. Definition of Terms

These selected terms help the counsellor to understand the intended meanings of some specific vocabulary or shorten words stated in the guidelines to better support understanding. The terms were 1) LGBT, 2) sexual orientation, 3) sexual identity 4) sexual orientation blindness

2.4. Tentative guidelines

During this process, the researcher had come back to study each competency along with coding and memo wrote, synthesized them then wrote tentative guidelines for each competency then he created the first draft of counselling guidelines. Next, he sent the draft of the Guidelines to advisors and three counselling/psychology professors to review and comment which led to revision to the second draft.

3. Implement them with a group of counselling psychology students

After the first draft counselling guidelines were reviewed and comments provided by four professors/experts and three advisors. At this stage, the tentative guidelines were tested and evaluated by a group of psychology counselling students through a day-long workshop regarding these counselling competencies for LGBT clients. Eighteen counselling psychology students attended the workshop which including five activities, each exploring a competency.

4. Modify and formalize the counselling guidelines.

After implementation, the researcher modified the guidelines with analyzed data from workshop participants and suggestions from advisors. The counselling guidelines were also sent to the first group of participants to review and comment on. All this input was combined to create the final version of guidelines displayed at the end of this chapter.
2. Tentative Guidelines

Table 3 Draft of Guidelines for Counselling Providers to support LGBT Clients

The Draft of Guidelines for Counselling Providers to support LGBT Clients

The responses from practising counsellors in Thailand shows the following items are part of core competency for being an effective LGBT counsellor. The counsellor is encouraged to do a self-assessment to see how many of these guidelines they are currently utilizing to be effective with LGBT clients and which items could be further developed to be even more effective with clients.

<table>
<thead>
<tr>
<th>Competency</th>
<th>Tentative Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Capacities of LGBT Counsellor</td>
<td>1. Use active listening as a primary tool to engage and to receive enough information from my client.</td>
</tr>
<tr>
<td>1.1. Build a relationship and create a safe environment</td>
<td>2. Consider LGBT clients as a member of a family or a close friend to build a warm relationship and an environment of trust.</td>
</tr>
<tr>
<td>1.2. Acknowledge the difference of sexual orientation between clients and counsellor</td>
<td>3. Avoid using language which could be interpreted as showing discrimination or judging them - even if that language is used among LGBT members or in social media. Recognize which words could be triggers and may not be beneficial in a conversation with my LGBT client.</td>
</tr>
<tr>
<td>1.3. Recognize that the client’s challenges may affect the counsellor</td>
<td>4. Create a sense of it being safe and private in my sessions to increase their sense of safety, security and to reduce stress.</td>
</tr>
<tr>
<td></td>
<td>5. Unconditionally accept clients as they are. I avoid direct or indirect suggestions that could lead clients to think they need to change who they are in some way.</td>
</tr>
<tr>
<td></td>
<td>6. Recognize any differences in sexual orientation between the client and me during the therapeutic sessions.</td>
</tr>
<tr>
<td></td>
<td>7. Be aware that my client’s issues and challenges may impact me emotionally or psychologically. I seek consultations with colleges to help me to resolve these issues.</td>
</tr>
<tr>
<td></td>
<td>8. If need to notify a client, they have an HIV positive test, the counsellors need to calm their mind and prepare in advance. Realize some clients may react with anger, sadness, desperation or even have suicidal thoughts and I’m stable and prepared to assist them through those thoughts.</td>
</tr>
<tr>
<td>Competency</td>
<td>Tentative Guidelines</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------</td>
</tr>
<tr>
<td><strong>2. Awareness of LGBT issues and challenges</strong></td>
<td>1. Acknowledge the client’s specific issues and know the appropriate approach to handle each of their unique needs.</td>
</tr>
<tr>
<td>1.4. Recognize that the client’s challenges may affect the counsellor</td>
<td>2. Assist clients to understand the differences between gender identity, gender-related behaviour, and sexual orientation when these issues conflict.</td>
</tr>
<tr>
<td>1.5. Awareness of the specific counselling needs of each LGBT client</td>
<td>3. Be aware of and careful not to engage sexual orientation blindness which could stereotype clients and ignore the uniqueness of each of the subgroups in the LGBT community.</td>
</tr>
<tr>
<td>1.6. Awareness of the diversity within the LGBT community</td>
<td>4. Be aware of the particular life issues or challenges experienced by lesbian, gay, bisexual and transgender subgroups that are related to cultural norms, values, and beliefs.</td>
</tr>
<tr>
<td>1.7. Awareness of common LGBT issues”</td>
<td>5. Recognize special problems and risks that exist for LGBT individuals in my community.</td>
</tr>
<tr>
<td>3. Advocacy and Support of LGBT individuals</td>
<td>6. Recognize and avoid that heterosexism that pervades the social and cultural foundations of many institutions and traditions and may foster negative attitudes and violence toward LGBT individuals.</td>
</tr>
<tr>
<td>3.1. Advocacy for LGBT rights</td>
<td>1. Be a role model to stop discrimination and stigmatization at the workplace, community, and home.</td>
</tr>
<tr>
<td>3.2. Emotional and Health Care Support</td>
<td>2. Join with other organizations to push forward sexual equality in my country and community.</td>
</tr>
<tr>
<td></td>
<td>3. Provide information or hold seminars for government officers regarding how to interact with LGBT individuals, especially police officers and nurses who work at hospitals or sexual disease centres.</td>
</tr>
<tr>
<td></td>
<td>4. When appropriate or requested, use empowerment and advocacy interventions to navigate situations where LGBT clients encounter systemic barriers.</td>
</tr>
<tr>
<td></td>
<td>5. Advocate with and for LGBT individuals to provide affirming, accepting, and supportive counselling services.</td>
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<tr>
<td></td>
<td>6. Be authentic and genuine when I engage my clients. Realize that showing my genuine self will build more trust and help to break down any walls which could occur in the case of any difference of sexual orientation.</td>
</tr>
</tbody>
</table>
3. Implementation and Findings

The process of implementation was done through a day-long workshop that explored in detail each of the competencies followed by focus group discussions and exit interviews with workshop participants. The participants also took a pre-test and post-test and had the opportunity to openly provide suggestions at the completion of the program. The activities used in this workshop are briefly summarized below. The full version of the activities can be found on APPENDIX C under the topic “Counselling Program to Promote Competencies for LGBT Clients”
1. Capacities of LGBT counsellor

Activity: Building a relationship through non-prejudice Listening

This first activity introduced the participant to open their hearts and get themselves ready for the rest of the activities. Each participant had an opportunity to practice listening and catch up with what others were talking about as well as listen to their own heart when they face some issues and challenges. Participants have participated in a group. Each of them had time to share what issues or encouragement in their lives. After all, member finished, the leader opened a discussion to find out how they felt when they listened without judgment or interpretation. They were then asked how this practice could help them with their LGBT clients?

2. Awareness of LGBT challenges

Activity: Gender and Traditional Perspectives

Participants learned about the diversity of sexual orientations and sexual identities as well as challenges faced by LGBT individuals in Thailand. They explored the traditional heterosexual framework, also known as sexual boxes, the cultural conditioning for how a man and women are expected to express. Working in a group, members helped define and write down “what is the character/stereotype of being a man / being a woman?” Then discussions regarding, “Am I still a man or a woman or even a human if I don’t follow the written characters/stereotypes?”

3. Awareness of LGBT challenges

Activity: Gender Diversity

This activity introduced participants to become aware of the diversity of gender orientations which differ from the two traditional gender boxes (male or female). They learned that each person can have at least four different gender perspectives: their Heart (the gender they feel inside), their Head (the beliefs they hold based on their upbringing and experiences), their Biological gender (the sexual organs they were born with) and Physical appearance (how they are compelled to dress and wear their hair). All four of these can be independent of each other and even appear conflicting by cultural standards. Each of these perspectives is variables that a person factors in to explore how they choose to identify and express their gender. For instance,
a person who is born as a boy, could wear a skirt, have long hair, date a lesbian and believe he is gay.

4. Advocacy and Support for LGBT individuals

Activity: LGBT Case Study

In this session, participants learned several case studies regarding lives, issues, discrimination, and challenges of LGBT individuals in Thailand. Each group received a different case study. They then discussed, summarized, and presented some ideas as a group regarding 3 topics:

1. How we can advocate for LGBT individuals?
2. Based on each case study, what advocacy approaches might be appropriate for LGBT individuals?
3. What support or approaches might be appropriated utilize for the case?

5. Ongoing Self-development

Activity: LGBT Organizations in Thailand

The objective of this last activity was to equip the participants with useful information and resources they might require for their LGBT clients. It was to make them familiar with the organizations in Thailand which support and advocate for LGBT, Human Rights, and Anti-Discrimination, their missions, background, and contact information.

1. Findings from Focus Group Discussion

The focus group discussions were an opportunity for the participants to offer open-ended feedback about the workshop’s topics. These discussions were recorded and the researcher also made notes through observation. Recordings and written comments were then transcribed and coded. Two categories emerged from the feedback: (1) Perspectives regarding LGBT individuals and (2) Perspectives regarding counselling competencies for LGBT clients.
1.1 Perspectives regarding LGBT Individuals

Our participants had a great deal of insight and were happy to share based on their now expanded perspectives. The focus of the comments centred around:

(1) The value of building safe, healthy and friendly relationships with LGBT clients using open-minded perspectives,
(2) Gender orientation cannot be limited to only the traditional two sexual boxes (Male or Female), and
(3) LGBT individuals have rights to express themselves. These were the core themes that emerged from the participants during group discussion.

1.1.1. Building a safe, healthy and friendly relationship with LGBT individuals with open-minded perspectives.

Below are insights and thoughts that participants expressed:

It was shown that the participants get some insights regarding building safe environment and being friendly with clients are the two main characters of counsellors, especially who work with LGBT clients. Open-minded perspectives also play an important role in counselling with clients.

"...For me, I think the pronoun of LGBT individual is something that quite new to me and I will apply it. To let our client do their self-define is a better and safe way to build a relationship with them. As a woman, I've learned there are many pronouns which we use for ourselves. Sometimes I feel confused too, there is the pronoun for the workplace or conversation. Sometimes it creates some issues for us. So, I think LGBT individuals may face even more issues than us and when we let them choose how we can address them it’s the best way...", W01 ("...สำหรับหนู หนูคิดว่า สิ่งที่หนูต้องเอามาใช้แน่ ๆ สำหรับวันนี้ถึงศิลปะ เรื่องของการให้เขาได้เลือกสรรชั้นของตัวเองนะคะ อันนี้เป็นอะไรที่สำหรับผู้หญิงเองก็มีสรรพนามแย่ตัวเองหลายชื่อ หลายอย่างมาก ๆ ทำให้เราเลือกใช้สั่งสั่งแสนเหนื่อยกัน แต่วาเราต้องไปพูดคุยหรือทำงานอะไรก็มีปัญหานั่นเอง และสำหรับ LGBT คิดว่าน่าจะมีปัญหามากกว่าผู้หญิงด้วยซ้ำ คิดว่าการที่ให้เขาได้เลือกเอง น่าจะเป็นอะไรที่ดีที่สุดนะคะ")

[What I get from reviewing these guidelines is...] "...Actually, I think there is no a perfect or 100 % right, the rigid format of counselling, we can adjust and modify counselling program anytime depending on the context of whom we are with, who they are and how does the relationship look like or even how they approach us for help. We as a counsellor should not hold tight on rules or rigid processes as 100% sure. We need to be flexible depending on our clients.", W03 ("พอเรามาเรียนมันก็แบบ เราก็เลยคิดได้ว่า จริง ๆ แล้วการให้คำปรึกษานั้นอาจจะไม่มีรูปแบบหรือ..."
กฎเกณฑ์ที่มันตายตัวร้อยเปอร์เซ็นต์ เรามาวางร้อยเปอร์เซ็นต์ที่จะปรับเปลี่ยนรูปแบบการให้คำปรึกษาได้ อยู่ที่ว่าบริบท ในขณะนั้นเราเป็นใคร เราเป็นใคร แล้วแบบความซับซ้อนของเรามีอยู่หรือไม่ เราเข้ามาหาเราในรูปแบบไหนอย่างนี้หรือ เราในฐานะที่เราเป็นคนให้คำปรึกษา เราไม่สามารถยึดกฎเกณฑ์ที่รอโสดายตัวได้ร้อยเปอร์เซ็นต์ได้เลย เราต้องปรับเปลี่ยนไปตาม client.)

"...I think sex and anything to do with it is a delicate and complicated issue for society. We know that some groups want this change to respond to their needs, such as the need to be visible or gain more acceptance in society. So, we need to help and support each other on this. How we can compromise between the traditional groups who hold tight and believe that the old system is best and change will destroy the beauty of it. It's a quite complicated issue."

เรารู้สึกว่า เรื่องเพศ มันก็เหมือนที่ฟ้าบอกว่า มันเป็น อะไรที่เราต้องกล่าวข้างละเยต แบบละเอียดค่อนข้างในการที่จะเปลี่ยนแปลงหรือทำอะไรก็อย่าง เหมือนมุมมองเดียวกัน เราเข้าใจว่า กลุ่มหนึ่งเขามีความต้องการอยากจะตอบสนอง อยากจะให้แอนน์เป็นบทบาทหรืออะไรเช่นกัน แต่ดังข้างต้นกลุ่มหนึ่งมันควรจะเป็นแบบที่มันควรจะเป็นแบบนั้น โดยที่มันควรจะเป็นแบบนั้นแล้ว เราลอกกากว่า มันก็ยังคงอยู่ที่จะเข้าใจเข้าเขียนต่อไปอยู่

From the statement above, counsellors are encouraged to empower their clients to express themselves to the society, be visible to people and celebrate who they are, as well as act on self-support and self-advocacy for the changes for traditional perspectives. Counsellors also, during the sessions, need to be flexible in using their approaches and be open-minded toward the client’s life context. They are also encouraged to create a safe environment for both of themselves and their clients.

1.1.2. Sexual orientation cannot be limited only on 2 sexual boxes (Male and Female)

From the focus group discussion, we found that our participants perceive the complexities of gender diversity/equality and were willing to embrace other possibilities.

"...I think as we learned about there are 4 parts regarding sex and life, I know more than sex in our mind and sex at birth are separated. This is a new perspective for me, I never heard or seen it before. I even recheck myself to see who or what do I like and how I think about my sex. I think this idea will be applied when I work to help my clients to check themselves then they will
aware and know better of themselves.”, W02 (“I am so tired of hearing about gender equality. But I know better of myself.”, W02)

Regarding the sexual frame that we learned today, man and woman. From this activity I realized that at the end of the day human define these frames, they are created by human. When social has changed, time passed by, human also change any frames or tries to destroy some frames out. Finally, it is human who defines things and take down them. Therefore, how everything is or goes, it depends on how we do think about it, how do we look at it, what filters or lens of mind we use to see them. Some people may think that these two frames are good because they are clear and understandable. Or someone may think that no need to create any sexual frames, just need only an agreement to define there is a flexible frame which will be adjusted and changed upon the situation or depend on a person’s perspective. In the case of change name title for transgenders I think if we want to change it as they willing and request to change, everyone, every social unit need to take a part of this.”, W03

“...When we wrote the chart, I realized about equality. I see that we are influenced by old or ancient values such as a man need to be strong, a woman is always weak. A man needs to protect a woman. But sometimes when we look at a real physical body, a sportswoman, they are so stronger than men. Another topic is clothing, a woman wears a skirt and a man wears trousers, but a woman can wear trousers, why a man can’t wear skirts. I don’t think these old perspectives support equality for us [as straight counsellors], nor do they support LGBT individuals in their
everyday life. We need to address and put more focus on this.”, W05 ("...ได้ตะหนักถึงความเท่าเทียมจากที่เราได้เขียนในชาร์ด เราจะเห็นว่า เราอาจได้รับอิทธิพลจากคำนิยมแก่ ๆ ไปตาม ๆ อยู่ ทั่ว ๆ ไป อยู่ที่คือคนดูชอบปักษ์ผู้หญิง แต่ท่านมองจากความสามารถทางกายภาพผู้หญิงเป็นแบบมนุษย์จริง ๆ เลยละ แต่แม้ก็มีข้อที่ดีหนึ่ง อย่างเช่นผู้หญิงที่เป็นนักกีฬาวิทยาศาสตร์นี้ ใครควรจะมีที่ผู้ชายยิ่งกว่าผู้หญิง เพราะควรจะคิดถึงเรื่องนี้ได้ และยิ่งเรื่องที่เพื่อนขับถ่ายในการใส่เสื้อผ้า ผู้หญิงใส่กระโปรง ผู้ชายใส่กางเกง ที่ผู้หญิงใส่กางเกงได้ ทำให้ผู้ชายใส่กระโปรงไม่ได้ มันก็ไม่เท่าเทียมอีกเหมือนกัน เราควรจะให้ความสำคัญในเรื่องนี้มากขึ้น")

1.1.3. LGBT individuals have rights to express themselves

Participants have no issues with LGBT individuals regarding their right to self-express in society. LGBT individuals can dress, act or behave based on who they are. In terms of the issues of name title, some participants discussed that it should be changed upon an LGBT individual’s request, however, some of our participants think beyond just changing the title, a move toward no title at all might be better, so that all people will be free from this traditional box.

"...I don’t think we should just change it from "Mr." to "Miss" then issues will be ended. I think every related organization needs to be involved and help with this issue. We may need to look back in time why we created the sex title in the first place, what benefits occurred when we have used "Mr." or "Miss" in front of our name. Then we need to study that what benefits will happen when there is a change, any benefit to transgender or any disadvantages that they may face. We need more ideas from the government; why we need to have the title, from the medical organization; is the title benefit us regarding health and cure. We also need some perspectives to form law, from social as well, everyone should involve in this process. We cannot just say because the world is changing, we too need to change. Because on the other side, there are objections to this.”, W03 ("...เห็นว่า มันไม่ได้เปลี่ยนแค่ว่า นำหญิงเป็นผู้ชาย สิ่งที่ผู้ชายมีต่อหน้าผู้หญิงที่ผู้หญิงมีต่อหน้าผู้ชาย เพราะว่ารับเฉพาะขอจะเปลี่ยนไปเกี่ยวกว่า ทำให้เราต้องทำนำหน้าผู้ชาย การใช้เพศ หรือทางส่วนหนึ่งที่ผู้ชายมีประโยชน์อย่างไร แล้วการเปลี่ยนแปลงดังนี้ การที่เข้าใจจะเปลี่ยน มันมีประโยชน์อย่างไร ผู้ชายที่บิดผู้หญิง ผู้หญิงอาจคงต้องมองหลาย ๆ มุม อย่างเช่นว่า ส่วนราชการทำไม่คุณต้องตัดผู้หญิง หรือทำทางแผนกที่ผู้หญิงจะต้องอย่างไร ทางกฎหมาย ทางองค์กรแบบนี้มีต่อ เรายังจะต้องมองหลาย ๆ มุม ถ้าอย่างไรจะเปลี่ยนจริง ๆ ผู้บิดผู้หญิง ผู้หญิงจริง ๆ ที่ต้องคิดในกระบวนการเปลี่ยน ไม่ว่าในหรือ วิวัฒนาการส่วนหนึ่งที่ผู้หญิงอย่างไร แต่ยังมีผู้หญิงคุณมีอย่าง คุณค่า มันก็ควรจะมีเหตุผลบางอย่างว่า ทำไมถึง เพื่อน ๆ ควร หรือทำไมถึงไม่เห็นว่า ไม่ควรจะมีอย่างนี้เรื่อง"
1.2 Perspectives of Guidelines

Capacities of LGBT Counsellor

The participants expressed that non-judgemental conversation, unconditional acceptance and empathy of the clients are some of the capacities of counsellors.

"...For me, I think understanding is the most important thing. To support whoever comes to see us, to understand and accept them as who they are and not judging them are a must and important things we need to do. Especially with LGBT individuals, they need to experience being accepted. As a counsellor when they walk in to see us, the first thing we can do is open our hearts to understand them, accept them, accept them unconditionally. Then we need to do our best to build the relationship, put in our effort to gain their trust. Showing we are genuinely sincere to them and be who we are so that they will feel the mutual safe environment." W06 ("…สำหรับหนู หนูคิดว่าความเข้าใจคือสิ่งที่สำคัญที่สุดค่ะ ไม่ว่าจะเป็นการให้ความเข้าใจอย่างที่ก้าว การที่เราจะทำให้ความเข้าใจและยอมรับเขา โดยที่เราจะไม่ไปตัดสินเขา คือ สิ่งที่จำเป็นและสำคัญมาก โดยเฉพาะอย่างยิ่งกับกลุ่ม LGBT ค่ะ เขาเป็นกลุ่มคนที่ต้องการยอมรับในฐานะที่เราเป็นนักจิตใจ ซึ่งเขาต้องการให้เราเข้าใจเขา ยอมรับเขา ยอมรับอย่างไม่มีเงื่อนไขด้วยค่ะ และก็พยายามสร้างสมรรถภาพ พวกเขาให้เขา เรียกได้ว่า เชื่อใจเรา แล้วเกิดลดความจริงใจให้มากกว่าสังคมเรา แล้วก็พยายามเป็นตัวเองตั้งแต่ต้นของ ประมาณนี้ค่ะ")

"...We need to understand, feel and accept that we are all equally human. When they come to see us, it means that they feel in conflict with society and the people around them. They feel they don't "match" because society is moulded or framed so people can only think in the way that created the separation. So, LGBT individuals then feel different or abnormal, they don't belong to any groups in society and have no place to go. But they choose to come to us, it means they believe we can and will help them. We then need to understand that the important thing is we need to help them to be aware of their worth and value. Support them to believe that they are not different or abnormal from other people. They are human and they can do things as they want in our society as others would. I believe that awareness of self-worth/value is the most important thing for LGBT individuals", W10 ("…เราต้องเข้าใจ เราต้องรู้ว่า มนุษย์ทุกคนก็คือเป็นมนุษย์เท่ากัน การที่เขาเข้า มาหาเรา หมายความว่า เขาเอง หรือสังคมภายนอกที่เขาเจอจากคนรอบข้างมัน มันแมช (เข้ากัน)ไม่ได้ ด้วย norm ที่สังคมมันถูกทำให้เป็นแบบที่ต้องการ แต่ยังไม่ได้ถูกทำให้สังคมคิดแบบนี้ และการที่เขาต้องการเปลี่ยนแปลง มันเกิดเมื่อมัน แบบว่า ทำให้เราเข้าใจความแตกต่าง เข้ากันได้ อะไรนั้น การที่เขาเข้ามาหา เราเห็นความว่า เราต้องเข้าใจเขาจริงๆ ซึ่งล้วนแล้วแต่เราเข้าใจ เราต้องให้เขาตระหนักมันเกิดคุณค่าของตัวเองว่า..."
คือคุณไม่ได้แตกต่าง คนไม่ได้แปลกแยกไปจำกคนอื่นนะ คุณก็คือมนุษย์คนหนึ่ง คุณก็สำมำรถทำในสิ่งที่คุณอยากจะทำอะไรก็ได้ในสังคมนี้ เราจะเห็นว่าการละเมิดเกิดขึ้นได้ทุกคน สำหรับกลุ่ม LGBT ค่ะ)

Awareness of LGBT issues and challenges

The results have shown that the awareness of Thai society’s and counsellors’ perspectives regarding LGBT individuals are important. When counsellors own the appropriate awareness, they will accept their clients as who they are, and reduce the bias which they had.

"...I think, understanding is the main thing. In Thai society, they [LGBT individuals] are not accepted across the whole society and not everyone will accept them. So, to understand who they are, and not judge them is the most important thing we can do for LGBT individuals who face issues in their lives. Because when they choose to come to see us, they need someone who opens their heart wide open and doesn’t judge them as they receive from our society. I believe that seeking to understand them is the most focused."

"...During the counselling sessions, we need to widely open our heart because LGBT individual doesn’t conform with old social norms anymore, not in the old sexual frame. Therefore, we also need to put aside the social frame which we hold on to before we can support them so that we can most understand our client."

"...For any counsellor who supports LGBT clients, if we have any old frames of reference it will create bias and judgmental thinking which will affect the counselling sessions. Therefore, opening our hearts and unconditional acceptance, listening to LGBT clients as who they are will be the most important thing, we can do to support them"
Advocacy and Support of LGBT individuals

The participants have shown the willingness to support and stand besides LGBT individuals in our society. They also expressed the advocacy for sexual equality and don’t see any differences between LGBT individuals and other sexual orientation as all of us are human who can love as well as beloved with others.

"...For me, I look at it as no one thing [competency] is more important than others, they are all equally important. The understanding needs to come with knowledge as well. We need to know that besides us as counsellors, there are organizations, groups, and other professional individuals who are willing to help and support LGBT people, standing with them. We need to tell them that they are not alone in our society, they are not invisible people. That many people see them and care for them. So, knowledge also will support us to stand by our LGBT clients." , W07

"...In my thought, we need to treat them equally and not do anything that will lead our clients to feel they are different or not normal. We will treat them as one of us because they are also humans the same as we are. They have rights as we have, equally, and as all humans should have. As Kalum Hood, a bass player of Five Second of Summer Band said “People don’t become gay, bisexual, pansexual, transsexual. People just fall in love with another person.” That’s all from me." , W08
Ongoing Self-development

The results have shown that counsellors should update themselves with new information or other areas of knowledge that they are not familiar with such as sex modification or hormone taking in the case of transmen and transwomen.

"...For the knowledge, we need to have related knowledge such as sex reassignment male to female or vice versa, hormone taking, how to take care of the body after reassignment. We need to update these pieces of knowledge because they may differ from what we have known before so we can share this updated information with our clients and give them appropriate support." , W09 (“...เรื่องของควำมรู้ คือ เราต้องมีควำมรู้ด้วย อย่ำงเช่นเรื่องของการแปลงเพศ หรือการผลิตฮอร์โมน ควำมรู้ที่แตกต่ำงจำกที่เราเคยรู้มำ ควำมรู้ที่แบบว่ำ เกี่ยวกับการดูแลต่ำงกายของโฉมนี้ ในรำยที่แปลงเพศ มันก็สำดับิน เพื่อที่เราสำมำรถที่จะให้ควำมรู้เพื่อสนับสนุนเขำได้ อย่ำงเหมำะสมค่ะ”)

4. Guidelines for Counselling Providers to support LGBT Clients

After collected the suggestion and feedback from psychology counselling students. The researcher then revised the Guidelines before sending them back to the advisors and the first group of participants (counsellors) to review and give some feedback. Finally, the Guidelines were modified to the final version as shown below.

It is also important to note that the data from the pretest and posttest were analyzed by t-test and shown the significant level of 0.05 which may be interpreted that the participant increased their knowledge regarding counselling competencies for LGBT individuals and they were also better familiar with the counselling guidelines.

1. Scope of Guidelines

These guidelines were constructed in an easy to read form which will serve as a direct resource to assist counsellors to assess the ways in which they support their LGBT clients. It’s important to recognize that these guidelines are not rigid. They are a framework for looking at the counselling process and can be adjusted or modified to fit with the counsellor’s current approach and capacities to offer the most benefit to LGBT clients.
While these guidelines were constructed specifically for LGBT counsellors, they can be used by any counsellors who are not familiar with LGBT clients or clients who don’t conform to sexual or gender norms. The first meeting with a new client is often pivotal to whether the client will continue or return, so it’s suggested that counsellors review these guidelines before meeting with their new LGBT client. The guidelines help to provide suggestions to improve connection, effectiveness and interpretation of the clients’ issues and motivations. The counsellors are encouraged to refer back to these periodically to explore additional strategies that might help make your sessions more impactful and beneficial for your LGBT clients.

The empty box is provided below each guidelines section, so that the counsellor may record and make short notes what can be improved or developed for counselling LGBT clients. It also may serve as memo writing for a counsellor to flashback to see the progress of their competencies.

2. Purpose of Guidelines

1. To define appropriate guidelines for therapeutic sessions between counsellor and LGBT clients
2. To be a primary resource which counsellor can refer to or use to develop their process to best support their LGBT clients

3. Definition of Terms

These selected terms aimed to help the counsellor to understand the intended meanings of some specific vocabulary or shorten words stated in the guidelines to support understanding.

LGBT means Lesbian, Gay, Bisexual and Transgender individuals, person’s sexual orientation or gender identity. They are individuals who recognize themselves as non-heterosexual or non-conform to their biological genders, they experience same-gender attraction and also have a sexual orientation towards persons of the same-gender or persons of both genders. This term not limited but open to any other sub-groups under such as Q for Queer, Q for Questioning, I for Intersex and other nonbinary genders.
Sexual orientation refers to a component of identity that includes a person’s sexual and emotional attraction to another person and the behaviour that may result from this attraction. An individual’s sexual orientation may be lesbian, gay, heterosexual, bisexual, queer, pansexual, or asexual. A person may be attracted to men, women, both, neither, genderqueer, androgynous or have other gender identities. Sexual orientation is distinct from sex, gender identity, gender role, and gender expression. (American Psychiatric Association, 2015)

Sexual identity means how a person thinks of themselves based on whom they are romantically, emotionally or sexually attracted to.

Sexual orientation blindness refers to a perspective that ignores or refuses to acknowledge people who have sexual attractions that are different from their own. In general, it refers to people who are caught in heterosexism as if it’s the only valid sexual expression.
Table 4 Guidelines for Counselling Providers to support LGBT clients

Guidelines for Counselling Providers to support LGBT Clients

These guidelines were a product of intensive in-depth interviews research from professional counsellors of LGBT clients from across Thailand. This research centred on bringing out the core practices that are currently being used to increase effectiveness with their LGBT clientele. Counsellors are encouraged to 1) Use guidelines along with other approaches to supporting LGBT clients, 2) After the counselling session, reflect on your practices with the clients, 3) Study to improve what additional strategies may benefit and be effective with your LGBT clients, 4) Adapt and modify these guidelines based on your professional and personal experience, and 5) Share your knowledge and skills with community of LGBT counsellors.

<table>
<thead>
<tr>
<th>Competency 1</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Capacities of LGBT Counsellor</td>
<td>1. Use active listening as a primary tool to engage and to receive enough information from the client.</td>
</tr>
<tr>
<td>1.1. Build a relationship and create a safe environment</td>
<td>2. Consider LGBT clients as a member of family or close friends to build a trusting environment and warm relationship.</td>
</tr>
<tr>
<td>1.2. Acknowledge the difference of sexual orientation between clients and counsellor</td>
<td>3. Create a sense of safety and privacy in the therapeutic sessions, increasing the client’s sense of safety and reducing stress.</td>
</tr>
<tr>
<td>1.3. Recognize that the client’s challenges may affect the counsellor</td>
<td>4. Acknowledge how counsellor’s internalized prejudices may influence me to unconsciously hold a negative attitude towards LGBT clients.</td>
</tr>
<tr>
<td></td>
<td>5. Understand that homosexuality and bisexuality are not indicative of mental illness.</td>
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<tr>
<td></td>
<td>6. Unconditionally accept clients as they are. Counsellors avoid direct or indirect suggestions that could lead clients to think they need to change who they are. Counsellor use language, techniques, and interventions that affirm accept and support their LGBT identity.</td>
</tr>
<tr>
<td></td>
<td>7. Understand the importance of the appropriate use of language for LGBT individuals (such as Kateoy or Tudd) and positively utilize them. Counsellors avoid using language which could be interpreted as showing discrimination or judging them - even if that language is used among LGBT members or in social media. Counsellors recognize which words could be triggers and may not be beneficial in a conversation with LGBT client.</td>
</tr>
<tr>
<td></td>
<td>8. Be authentic and genuine when engaging the clients. Counsellors realize that showing their genuine self will build more trust and help to break down any walls which could occur in the case of any difference of sexual orientation.</td>
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Table 4 (Continued)

<table>
<thead>
<tr>
<th>Competency 1</th>
<th>Guidelines</th>
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<tbody>
<tr>
<td>9. Recognize and acknowledge any differences in sexual orientation between the client and counsellors.</td>
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<tr>
<td>10. Recognize that any difference in sexual orientation between counsellors and clients may affect the understanding and relationship during the therapeutic session. So, counsellors will seek to learn more about their lifestyle and am more careful with their thoughts and words.</td>
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<tr>
<td>11. Be aware that the client’s issues and challenges may impact counsellors’ emotionally or psychologically. Counsellors will seek consultations with colleges to help to resolve these issues.</td>
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<tr>
<td>12. Continually affirm that LGBT individuals have the potential to integrate their romantic orientations and gender identity into fully functioning and emotionally healthy lives and relationships.</td>
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1- Self Reflection:
Which of the above items, I would like to improve?
______________________________________________________________
______________________________________________________________
______________________________________________________________
## Table 4 (Continued)

<table>
<thead>
<tr>
<th>Competency 2</th>
<th>Guidelines</th>
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<tbody>
<tr>
<td><strong>2. Awareness of LGBT issues and challenges</strong></td>
<td></td>
</tr>
<tr>
<td>2.1. Awareness of the specific counselling needs of each LGBT client</td>
<td>1. Acknowledge the client’s specific issues and know the appropriate approach to handle each of their unique needs.</td>
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<td></td>
<td>2. Assist clients to understand the differences between gender identity, gender-related behaviour, and sexual orientation when these issues conflict.</td>
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<td></td>
<td>3. Be aware of and careful not to engage sexual orientation blindness which could stereotype clients and ignore the uniqueness of each of the subgroups in the LGBT community.</td>
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<td></td>
<td>4. Be aware of the particular life issues or challenges experienced by LGBT sub-groups that are related to cultural norms, values, and beliefs.</td>
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<tr>
<td>2.2. Awareness of the diversity within the LGBT community</td>
<td>5. Recognize special problems and risks that exist for LGBT individuals in the community.</td>
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<td></td>
<td>6. Recognize and avoid heterosexism that pervades the social and cultural foundations of many institutions and traditions and may foster negative attitudes and violence toward LGBT individuals.</td>
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<tr>
<td>2.3. Awareness of common LGBT issues</td>
<td>7. Be aware that societal stigmatization, prejudice, and discrimination can be a source of stress and create concern about personal security for LGBT clients.</td>
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<td></td>
<td>8. Be aware that romantic orientation is not necessarily solid, it can be fluid and may change throughout an LGBT individual’s life span.</td>
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<td></td>
<td>9. Be aware of stages of identity development of LGBT individuals as they move toward self-acceptance and/or coming out.</td>
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<td>10. Familiarize with the cultural traditions, rituals, and rites of passage specific to LGBT populations.</td>
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<td>11. Recognize that spiritual development and religious practice may be important for LGBT individuals, yet they may also be engaging a belief system that has a negative view of their sexual orientation. So, clients may face personal struggles related to their faith and their identity.</td>
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</tbody>
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**2- Self Reflection:**

Which of the above items, I would like to improve?

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______________________________________________________________
### Table 4 (Continued)

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<thead>
<tr>
<th>Competency 3</th>
<th>Guidelines</th>
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<tbody>
<tr>
<td>3. Advocacy and Support of LGBT individuals</td>
<td>1. Be a role model to stop discrimination and stigmatization at the workplace, community, and home.</td>
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<tr>
<td></td>
<td>2. When appropriate or requested, use empowerment and advocacy interventions to navigate situations where LGBT clients encounter systemic barriers.</td>
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<td>3. Utilize appropriate communication to follow up with clients within 24 hours after blood testing (if positive), and maintain the connection regularly.</td>
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<td>4. Provide communication channels such as Facebook, Line, Messenger or any others so that the clients may easily reach the counsellor as needed.</td>
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<td>5. Be prepared to refer the client to additional support such as psychiatrists, lawyer or LGBT activists who may help them to better deal with their current issues.</td>
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<td></td>
<td>6. Join with other organizations to push forward sexual equality in country and community.</td>
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<td></td>
<td>7. Provide information and education for government officers, police, nurses and other community members regarding how to interact with LGBT individuals, and promote changes in institutional policies and laws (such as marriage equality, title change for transgender).</td>
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<td></td>
<td>8. Advocate for and with LGBT individuals to provide affirming, accepting, and supportive counselling service.</td>
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<tr>
<td></td>
<td>9. Advocate for and with LGBT individuals and support the empowerment of LGBT individuals by advocating on their behalf to promote inclusive policies and practices in the workplace and institutions.</td>
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3. **Self Reflection:**

Which of the above items, I would like to improve?

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Table 4 (Continued)

<table>
<thead>
<tr>
<th>Competency 4</th>
<th>Guidelines</th>
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<tbody>
<tr>
<td>4. Ongoing Self-Development</td>
<td>1. Continue to hone skills and explore ways of being more effective as a counsellor through additional education, training, experience, consultation, and supervision in the area of human sexuality, mental health, HIV/AIDS and sexual diseases that affect LGBT individuals.</td>
</tr>
<tr>
<td>4.1. Self-development through formal learning</td>
<td>2. Increase knowledge and understanding of LGBT individuals through continuing education, reading relevant research, professional workshops &amp; training, supervision, and consultation.</td>
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<tr>
<td>4.2. Self-development through experiences shared.</td>
<td>3. Seek consultations and supervision from individuals who have more advanced knowledge, awareness, and skills in working with LGBT individuals for continued personal growth, self-reflection, and to ensure that counsellors’ awareness and abilities do not limit the effectiveness of counselling sessions.</td>
</tr>
<tr>
<td>4- Self Reflection:</td>
<td>4. Continue education due to the rapid developments, research and growing knowledge base related to LGBT issues, community, and how to live within our ever-changing society.</td>
</tr>
<tr>
<td></td>
<td>5. For clients that have particular treatment needs (such as Transgenders), seek continuing education, training, workshop or supervision that provides specific information to address their particular issues.</td>
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<td></td>
<td>6. Continue educating on affirmative psychology and updated approaches</td>
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<td>number</td>
<td>7. Stay up-to-date on current events and happenings for LGBT individuals and the LGBT community.</td>
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</table>
5. Conclusion

These guidelines were constructed to be used as a friendly framework for counsellors who support LGBT clients or other organizations who are seeking a background so they can begin to working with LGBT individuals. The guidelines designed to not only allow counsellors to reflect on their capacities, knowledge, and skills but also reflect on their awareness or attitude toward LGBT individuals.
CHAPTER 5
DISCUSSION AND CONCLUSION

This chapter provides a discussion and conclusion for the study regarding counselling competencies for lesbian, gay, bisexual, and transgender (LGBT) clients. This chapter will be described in 4 topics as:

1. Discussion
2. The limitations of the study
3. The recommendations for further research and
4. Conclusions of the study

1. Discussion

The research findings show that counselling competencies regarding LGBT clients which emerged from a grounded theory approach centred around the Capacities of a counsellor, Awareness of LGBT issues and challenges, Advocacy and Support of LGBT individuals, and Ongoing self-development of the counsellor.

Competency 1: Capacities of LGBT Counsellor

On the first competency, participants’ responses show that the ability to communicate, build a relationship, and use active listening skills, acknowledge the difference between the sexual orientation/gender of clients and counsellor, and recognize that counsellor may be affected by issues faced by LGBT individuals- are core competencies recommended for being an effective counsellor. Supporting the clients to have self-awareness regarding their issues without judgment has three components: (1) Build a relationship and create a safe environment (2) Acknowledge of the difference of sexual orientation between clients and counsellor, and (3) Recognize that clients’ challenges may affect the counsellor

The result of this research is congruent with Sperry (2011) who stated that relationship building is one of the six core components involved with psychology and counselling competencies. Sperry suggested that building a relationship or therapeutic alliance, as he called it, needs to be established and maintained. An effective
therapeutic relationship will foster a bond of trust between client and counsellor, which will lead to a mutual agreement about the goal, roles, and methods of the treatment process.

Sperry (2011) also suggested that clients would feel accepted, supported and valued when the counsellor holds and displays empathy, respect, and acceptance as well as utilizes active listening and responding, and facilitating the development of an effective alliance. When clients feel that their counsellor cares about them, they will become hopeful and confident regarding the success of the counselling sessions.

Contrary to the philosophy found in Thailand, Len Sperry uses a more clinical therapeutic relationship, one closer to what’s used with patients who have mental disorders. It’s a relationship of a learned guide who will lead the client on an intervention journey. This kind of relationship is built up from a more professional attitude using a conceptual understanding of the counselling process. However, in this research, counsellors focused on acceptance without prejudice or judgment and the process occurs more from the counsellor’s heart rather than the cognitive domain. Participants in this study open their hearts to accept and welcome their clients as if close friends. The relationship is far beyond people who hire them for help, they are seen as their family or siblings.

Amney Harper et al. (2013), also consistent with this research, stated that counsellors would be able to utilize appropriate language for LGBT individuals, such as labelling (lesbian, queer, or non-binary) in a positive and in an affirming manner. Her research also suggested counsellors acknowledge those affectional orientations that are unique to LGBT individuals as well as physical, social, emotional, cultural, spiritual, and other stressors that may prevent them from reaching their life goals. Also, counsellors recognize that their affectional orientation and gender identity/expression are relevant to supporting the relationship and influencing the counselling process. They recommended counsellors also seek consultation and supervision from a person who has experience working with LGBT individuals and also performs the self-reflection that
will ensure that they avoid any of their own biases which may negatively affect their interaction with LGBT clients.

Additionally, Schreier and Lassiter (2010) indicated the question, “How do your often-unconscious prejudices and biases about LGBT individuals influence your counselling?” should be asked by a counsellor or therapist so that they may understand and recognize the stereotypes they hold and be able to accept their clients for who they are. They also suggested that a “non-judgmental environment” including positive or inclusive language, would produce a safe therapeutic environment from the beginning until the termination, as well as facilitate effective counselling sessions.

This is also confirmed by the American Psychological Association (2015) which suggested that LGBT individuals do not possess a mental illness, therefore, counsellors are encouraged to not treat their clients with the idea of psychopathology or gender dysphoria. But instead, counsellors are urged to accept and support their clients without bias. For example, the research participants suggested counsellors should put effort into building a relationship with their clients as if they were family members or close friends. The counsellor would be less formal and not use traditional boundaries often recommended by traditional counsellor education programs. Our participants saw it as devoting themselves as they help their sisters or brothers to get through difficult situations. Some even provided contact numbers so their clients can call them when emotions erupt, even if it’s in the middle of the night. When they meet with their clients, they remind themselves that

“...What I don’t want to happen to my family such as discrimination, bias, verbal abuse, stereotype, judging, and prejudice, I won’t do to my clients as well, (B2).”
Competency 2: Awareness of LGBT issues and challenges

The counsellors can be holistically aware of the problems, issues, and needs of the LGBT community. Through active counselling experiences and various workshops that expose them to LGBT issues, they can expand their awareness of appropriate counselling strategies. The second categories include (1) Awareness of specific counselling needs of each LGBT client, (2) Awareness of the diversity within the LGBT community and (3) Awareness of common LGBT issues.

An important element of counsellors becoming aware is understanding the typical progression and stages that LGBT individuals go through in their process toward self-acceptance and “coming out” as LGBT (as shown in table 1, “Summarized Comparison for LGBT Theories and Development Models”). The knowledge and awareness of the typical stages of an LGBT individual’s identity development help the counsellor to gain an understanding of what is currently happening in a clients’ life. When the counsellors know the stage their client is in, they can provide more specific guidance to most directly support each client towards enhancing their self-identity. The models also show that confusion, doubts, great distress, and feelings of being different are all common mental issues which happen in LGBT individuals during different stages. By having an awareness of these stages, the clients are more likely to feel understood and accepted by the counsellor and naturally open up and share the struggles that are happening inside them.

The counsellors in this study consistently used a humanistic approach grounded in sincerity and unconditional acceptance which allows the counsellor to be naturally more optimistic, genuine and non-judgmental causing them to be perceived as more caring by the client.

These results are also consistent with Clarke et al. (2010) who suggested that it is important for a counsellor to recognize the different experiences of LGBT individuals and not to treat lesbian and gay persons as a homogeneous group. Clarke and her co-researchers also stated that counsellors need to acknowledge that differences in social class, income, race or age do affect LGBT individuals especially if they live outside of gender norms.
The results are also consistent with the American Psychological Association (2015) which stated that counsellors need to acknowledge the various contextual issues of prejudice and stigma manifested in the lives of LGBT individuals. Therefore, different factors that relate to LGBT clients such as gender, race, ethnicity, cultural background, social class, religious background and other common sources of identity may cause a difference in lifestyle, life coping skills, and pressures.

Amney Harper et al. (2013) proposed congruent to this research, that competent counsellors will acknowledge the unique but also differential affectional orientations among LGBT individuals as well as recognize and affirm the individual identity which is determined and preferred by LGBT persons such as the level of “outness” and the terms used for their partners. Furthermore, counsellors are also encouraged to acknowledge societal prejudice and discrimination or stressors regarding physical (HIV, access to health care), social (family and relationship), emotions (anxiety, depression), culture and religious or spiritual issues which LGBT individuals experience and can be interfered with by these stressors causing them to give up in reaching their life goals. A competent counsellor also will understand influences that surround LGBT individuals including biological, cultural, socioeconomic and psychosocial factors as well as learn to encourage LGBT individuals to integrate their affectional orientation and gender identity into fully functioning and emotionally healthy lives and relationships. Moreover, a competent counsellor would be aware of the effect that internalized homophobia/biphobia/transphobia has, as well as recognize how stigma, prejudice, discrimination, and pressure to be heterosexual may affect the lives of LGBT individuals.

The American Psychological Association (2015) also suggested that counsellors are encouraged to be aware of and recognize the distinction between counselling LGBT clients as well as be aware of self-value, biases, and beliefs regarding Homonegativity (religious or moral convictions that sexual activity should only be allowed for procreation purposes, stereotype or myth that have evolved out of a misunderstanding of LGB persons), Homophobia (fear, dislike, aversion, intolerance,
and ignorance of LGB individuals), and Heterosexism (an ideological system that denies, denigrates, and stigmatize any non-heterosexual form of behaviour, identity, relationship, or community). A competent counsellor is also encouraged to acknowledge the effective coping strategies and other factors that LGBT clients developed through their multiple experiences. Counsellors are urged to recognize and help their LGBT clients to talk about their anger, frustration, and trauma, which they encounter as would people from different racial, ethnic and cultural backgrounds (Farmer, 2011).

**Competency 3: Advocacy and Support for LGBT individuals**

There are 2 subcategories on the third competency: (1) Advocacy for LGBT rights, and (2) Emotional and Health Supports.

**Advocacy for LGBT rights**

In the organizations that participated in this research, the counsellors have a strong focus and dedication to advocating and appealing for LGBT rights to push forward equality in their local community. They continually advocate through multiple annual campaigns and coordinate to actively support other groups’ campaigns. Sisters Foundations often hosts workshops for police officers, nurses, medical practitioners/doctor, and media/publisher to promote understanding of LGBT issues and advocate for the appropriate procedures and language to be used with transgender individuals. The Sisters Foundation also helps transgender individuals to submit appropriate documents to Military Offices so they can be exempted from military service as transgender rather than being classified as having a mental illness. M Plus Foundation, consistently, usually launches campaigns to advocate marriage equality and health care program for transgender clients.

This is consistent with Amney Harper et al. (2013) who found that advocacy and continued promotion for LGBT individuals, groups, and communities is an important capacity as well as encouraging their empowerment and equality in society. The research found that the use of advocacy to help empower, encourage and to build stronger relationships between counsellors and clients plays an even bigger role for many Thai counsellors than might be true for counsellors in other countries.
**Emotional and Health Care Support.**

Our participants provided counselling sessions for their clients both before and after HIV blood testing. They usually use client-centered counselling to work with the clients. No matter what the blood test results show, the clients are the ones who decide what they want to do for the next step. Even in the case of a positive blood test (have HIV/AIDS) the client is the one who decides what to take on the next step. The counsellors will only provide information, benefits of each choice as well as the possible negative outcomes of each choice. This is consistent with Kiene et al. (2009) who found that the client centered counselling approach is a more effective approach for having the client come to terms with all the issues surrounding HIV/AIDS testing.

The counsellors in this study further show their sincere and unconditional desire to support emotionally by providing multiple communication channels for their clients such as Line, Facebook messenger, emails, or text so that the clients may reach them any time they need. They also set up plans to follow up with their clients weekly and monthly in the case of a positive blood test.

**Competency 4: Ongoing self-development**

The Ongoing self-development for counsellors is necessary to have the information needed to support LGBT individuals. There are 2 subcategories on this competency: (1) **Self-development through formal learning**, and (2) **Self-development through experiences shared**.

The counsellor needs to advance himself/herself with up-to-date and appropriate information regarding health care, rights, and the counselling process. This self-development is often gained by attending LGBT support workshops, consultations, discussing experiences and sharing knowledge with counsellors and meeting with activists from other organizations.

American Psychological Association (2015) indicated that counsellors are urged to undertake ongoing efforts to develop and maintain their competence. Those counsellors are encouraged to continue their education, training, experience, consultation, and supervision in the areas of (a) human sexuality and multidimensional models of sexual orientation; (b) mental health issues affecting LGBT individuals, (c)
career development and workplace issues experienced by LGBT individuals, (d) health and wellness issues.

This is also confirmed by Amney Harper et al. (2013), that urged counsellors to seek consultation and supervision from a person who has knowledge, awareness, and skill working with LGBT individuals. The continued learning from experienced and expert individuals encourages counsellors to gain more self-reflection and personal growth which helps to clarify their own biases, abilities, and awareness to reduce the negative effects on their LGBT clients. Counsellors are encouraged to eagerly and continually study to gain awareness, skills, and knowledge by attending LGBT affirming counselling, workshop, and seminar, as well as, enthusiastically learning up-to-date research and knowledge regarding LGBT issues, community, and diversity.

In summary, the competencies that emerged from this study are congruent and consistent with international perspectives and standards in the term of human equality, the willingness to support clients regardless sexual orientations or genders, as well as a focus on the counsellor’s self-development. However, the competencies which surfaced in this Thai study, do not put the main focuses on a clinical intervention type process, needing to strive for excellence in practice, nor skilful or integrated approaches or techniques. Instead, these competencies focus their efforts on building a relationship to receive the clients and show a genuinely warm welcome, acceptance and caring. Our participants called their clients “sisters or brothers” because they truly felt it. They were willing to stand side by side to advocate for sexual equality and human rights for their sibling-clients. They were willing to open their public lives to be role models and to encourage their clients that they too can have a better life. While hiring counsellors who graduated from psychology counselling may be preferred, it's not required, because their open-minded hearts are seen as more valuable than their knowledge.

While traditional counselling competencies often refer to a planned termination of services once the client has arrived at a benchmark, the research
participants never discussed this. For them, receiving and caring for their LGBT clients is an open-ended experience. It’s a lifetime journey with their family.

Guidelines for Counselling Providers to support LGBT clients

Counselling competencies are valuable for supporting LGBT individuals who as minorities have been stigmatized, marginalized and discriminated against. Many recent types of research have shown that the counsellor’s role, as well as experience and perception, can influence or impact the quality of LGBT counselling sessions. Empirically, the counsellor’s professional and personal background can have an unhelpful effect on the therapeutic process, which may affect the therapy experience for LGBT individuals (Israel et al., 2008)

Therapists that do exhibit gay-affirming attitudes, that understand the effect of homophobia, and help clients to overcome internalized homophobia as well as are aware of LGBT community resources are all important factors in supporting more effective therapeutic sessions. (Gibbs & Goldbach, 2015; Puckett & Levitt, 2015; Yardley, 2010)

These guidelines are mean to help guide and encourage the counsellor on their inner journey of becoming more effective with their LGBT clients. Even though these guidelines emerged from professional counsellors, topic experts and advisory committee input they remain flexible and adaptive to the counsellor’s professional judgment of what would be most effective for them, based on their style and the client’s local cultural challenges.

2. Limitations of the Study

This research employed a grounded theory approach to analyzing and constructing concepts regarding counselling competencies for LGBT clients. The participants were Thai nationals who live in primarily urbanized cities in Thailand; Pattaya, Chiangmai, and Bangkok. While the research procedures have created trustworthy results, there are some limitations to consider.

First of all, there may be subtle translation errors in the conversion from Thai to English. The researcher, all participants, and all 3 advisors are Thai. We all shared a
similar background to non-native English speakers. The interviews, transcriptions and research coding were all done in Thai and then translated into English by the researcher. When discussing with advisors the appropriate way of handling translations, it was agreed that the translated quotations need to be verified by peer review. So English quotations were sent out to peer reviewers who are fluent speaking and writing in both Thai and English, to translate them back to Thai so the researcher could compare them with the original quotation. Next, we sought consultation and supervision from an experienced LGBT counsellor who is a native English speaker, to revise the final translations.

While all efforts have been made to ensure the accuracy and integrity of the translations, the researcher acknowledges that the deepest or most true meaning, which emerged from our participants, could potentially have gotten “lost in translation”. It's for this reason that the quotes have also been included in Thai, direct from the transcriptions.

Second, while this study is aiming to guide all LGBT counsellors, the data may be skewed more towards counsellors who are affiliated or funded by HIV/AIDS programs. All of the counsellors who participated in this research were professional counsellors who work with LGBT advocacy/HIV-AIDS campaign organizations that have a core focus of limiting the spread of HIV/AIDS as a result of their funding sources. So, their perspectives, focus, knowledge, skills, and strategies are influenced by the culture of the larger HIV organizations. Counsellors who are funded by other sources may not find all the competencies apply directly to them to the same degree.

Third, a majority of the professional counsellors (10 of the 13 participants) do not have an academic degree in Psychology or Counselling. They attended workshops or courses to learn counselling skills for some period before first working as an intern and then later as a fulltime professional counsellor. If we had interviewed and worked with hospital psychiatrists or clinical counsellors the results may be different, but these professionals did not focus specifically on LGBT clients and as such did not qualify for this research. While the participants may tend to use their feelings, emotion or in their
own words, “heart” to deal with clients’ issues and may not be familiar with formal
counselling language, tools or approaches, they all showed capacity and understanding
of the counselling process. It’s for this reason we don’t hear the formal language often
used by classically educated counsellors and psychologists in participant quotes. As a
researcher who holds a Master’s and pre-doctorate degrees, both in Counselling, their
input still felt extremely valuable and practical. Therefore, an academically certified
counsellor or psychologist should interpret these works and apply them accordingly.

Fourth, during the first stage of data collection, the researcher planned to also
interview some of the clients of participating counsellors. However, this turned out to not
be possible as the counsellors all worked for HIV/AIDS organizations that have
confidentiality, ethical or legal stipulations that prevent them from revealing their clients
in any way. The researcher was able to locate two LGBT community members, independent of these organizations, who currently experience counselling regularly. The
researcher interviewed, coded and then analyzed their answers. The analyzed data
were congruent with the competencies that emerged from the participant counsellors so
no further action was taken. The researcher would have liked to locate more clients, but
it turned out to be much more challenging than initially expected.

Fifth, during the snowballing process for new participants, the researcher
sought information regarding lesbian groups or organizations which support or advocate
specifically for this subgroup. The researcher was informed that the lesbian counselling
and advocacy groups that did exist were no longer active. The researcher found there
are currently only two non-public resources for lesbian support; one is a story publisher
and the other an activist. Neither were available for interviews or interested in
participating. So, while there were no lesbian specific organizations represented, three
of the participants did have direct experience with counselling lesbians and so this
subgroup does have representation in the research. Yet the researcher would have
preferred to have access to more data specifically related to the lesbian subgroup.
3. Recommendations for Further Research

This grounded theory research explored the experiences of professional counsellors who worked with LGBT advocacy/HIV-Aids campaign organizations in Thailand. From this study, the research generated an understanding of counsellor’s experiences of working with LGBT clients. The data showed that the keys to being effective were a focus on the counsellors’ capacities, their awareness of the client’s issues, their ongoing self-development and their willingness to advocate for LGBT rights.

Future research might consider theory testing as well as explore an explanatory model for an intervention counselling program or module which counsellors might use to support LGBT individuals in larger numbers, such as focus group program, or a group counselling program. Future research might consider developing practical and integrated counselling modules or programs to train counsellors on how to develop their counselling competencies for LGBT clients or any other sexual minority groups.

Despite the researcher’s best attempts to locate counsellors who work specifically with lesbian clientele, it seems as though there are very few lesbian counsellors active in Thailand, so this subgroup has not been directly represented in this research. Future research might expand the understanding toward specific sub-groups in the LGBT community, such as counselling competencies of lesbian clients, or counselling competencies for Female-to-Male or Male-to-Female transgenders.

All the participants involved in this research program were from urban/city environments and interacted primarily with clients who were also from urban communities. Counsellors that have a client base that is predominantly from the countryside or rural environments may find different competencies to be useful and practical for their clients and or may find that the guidelines are not fully relevant. Future research might explore LGBT in rural or countryside communities who are more isolated than urban LGBT.

Finally, the researcher was unable to interview actual clients from the intended research sites because of the ethical, legal and confidentiality policies of their HIV/AIDS parent organizations. Future research might construct different criteria or utilize new
approaches to selecting LGBT clients to participate in the study. Future research might recruit LGBT clients through a voluntary program such as online surveys or mobile applications. Universities or college student affairs center might be considered for research sites because these centers typically provide counselling services for the students who may come with emotional, sexual orientation or sexual identity issues. When there is no blood test process involved with the counselling, accessing or recruiting LGBT clients into the research may have an increased ethical possibility.

4. Conclusion of the Study

In conclusion, a competent counsellor will understand the appropriate functioning and healthy lives of LGBT individuals, families, and communities and will continue to study the social and cultural issues that surround LGBT individuals. They will also continue to acquire special training/education to help them suitably assess LGBT counselling and careers. They also recognize their attitudes toward the LGBT client effects the outcome of the session and are regularly do self-reflection to find ways to improve their attitude, knowledge and skillset.

The counselling competencies for LGBT clients, which emerged from participants’ experiences as a result of this research, can be modified and adjusted to suit each client and each situation. These competencies are intended to function as a journey map so that counsellors may reflect on their process during therapeutic sessions. The best results will happen for the clients whose counsellors are willing to put their best efforts to support these individuals to create a sincere, honest, and caring counselling process.

A qualitative Grounded theory approach was the appropriate approach to utilize this study because of its flexibility, subjectivity and intensive interview method which brought out a rich amount of data from the participants. Other approaches may not have yielded such an extensive set of recommendations.

I believe as we move forward, life grows and so do our capacities, awareness, advocacy, and self-development. I know that I’ve been transformed by my interactions
with these amazing counsellors. Their willingness, friendly & caring natures, the rich conversations, and experiencing their authenticity throughout data collection and analysis has been a profound process for me. I hope that one day when equality rules over our minds and societies, we won’t need the counselling competencies created for LGBT individuals. On that day when there are no more separations within our society, where everyone matters, and everybody has equal rights to live, to love and to express themselves as others do, these counselling competencies will be unnecessary. I hold this vision and possibility on behalf of all the LGBT counsellors who strive tirelessly to make this world a better place.


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APPENDIX A
Ethical Approval
Ethical Approval
ในรับรองวิธีกรรมการบริหารของข้อเสนอการบริหาร

เอกสารข้อมูลด้านบริการสำหรับผู้สัมผัสการบริหารและภายในบัณฑิต

ชื่อตำแหน่ง: ผู้ช่วยเจ้าหน้าที่

เอกสารที่รับรอง:

เอกสารที่พิจารณาทบทวน:

1. แบบเสนอโครงการบริหาร
2. โครงการบริหาร
3. เอกสารข้อมูลผู้เข้าร่วมโครงการบริหาร
4. หนังสือความยินดีและร่วมโครงการบริหาร

(ลงชื่อ)

(ลงชื่อ)

กรรมการและผู้ช่วยเลขานุการคณะกรรมการบริหารและผู้รับผิดชอบโครงการบริหารที่พิทักษ์ในกฎหมาย

(ลงชื่อ)

(ลงชื่อ)

เลขานุการ: SWUCE-245/2561

วันที่ใช้การขึ้นทะเบียน: 06/08/2561

รับและส่งให้สำนักงาน: 06/08/2562
ใบรับรองวิธีการวิจัยของข้อเสนอการวิจัย
เอกสารข้อมูลคำอธิบายสำหรับผู้เข้าร่วมการวิจัยและใบอนุมัติ

หมายละเอียดเสนอการวิจัย SWUEC-245/2561 (ต่อในบริเวณกรอบที่ 1)

ข้อเสนอการวิจัยและเอกสารประกอบของข้อเสนอการวิจัยตามรายการแสดงด้านล่าง ได้รับการพิจารณาจาก
คณะกรรมการวิจัยธรรมศาสตร์ศึกษาพิจารณาโครงการวิจัยที่ทำในนิยมสุรภพ มหาวิทยาลัยศรีนครินทรวิโรฒแล้ว คณะกรรมการฯ มีความเห็นว่าข้อเสนอการวิจัยที่จะดำเนินการมีความแตกต่างกับหลักธรรมศาสตร์ ตลอดจนกฎหมาย ข้อบังคับและข้อกำหนดภายในประเทศ จึงเห็นสมควรให้ดำเนินการวิจัยตามข้อเสนอการวิจัยนี้ได้

ชื่อโครงการวิจัยเรื่อง: สมนุสนวัสดารอย่างยั่งยืนยุคสมัยใหม่  הוัยรบ
ชื่อผู้วิจัยหลัก: นายอภิปราย ทองภู่
สาขาวิชา: วิชาการพิทักษ์ทรัพยากร
เอกสารที่แนวนอน: รายงานความก้าวหน้าของการวิจัย
ชื่อเสนอแบบ: 
เอกสารที่พิจารณาเห็นชอบ: รายงานความก้าวหน้าของการวิจัย

(ลงชื่อ)………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………………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APPENDIX B

List of experts who reviewed on the guideline process
List of experts who reviewed on the guideline process

1. Associate Professor Dr. Monthira Jarupeng
   Faculty of Education, Srinakharinwirot University
2. Assistant Professor Dr. Kanjana Suthiniem
   Faculty of Education, Bansomdejchoapraya Rajabhat University
3. Dr. Satakorn Wongsongkram
   Instructor, Lecturer, and Radio host
4. Assistant Professor Dr. Nonglak Khien-ngam
   Faculty of Education, Chiangmai University
บันทึกข้อความ

ส่วนงาน งานบริหารและดุษฎีการ บันทึกทรัพยากร โทร. 15644
ที่ 8718.1/1959 วันที่ 1 พฤศจิกายน 2562
เรื่อง ขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้ช่วยราชการ

เรียน คณะคณบดีและที่ปรึกษาคณบดี

เนื่องด้วย นายนิยม เทวีจรรย์ นิสิตระดับปริญญาตรี สาขาวิชาศิลปศาสตร์ มกศวิทยาลัย
ศรีนครินทร์ ได้รับมอบหมายให้ทำการวิจัยเป็นเรื่อง “Counselling Competencies for Lesbian, Gay,
Bisexual, and Transgender Clients: A Grounded Theory Research” โดยมี ผู้ช่วยศาสตราจารย์ ดร.อมรพ
สุภากร ผู้ช่วยศาสตราจารย์ ดร.ธีรศักดิ์ จินาภูริรัตน์ และอาจารย์ ดร.นวลฉัล พรหมรัตน์ เป็นอาจารย์ที่ปรึกษา
การวิจัย

ในการนี้ บันทีกระทำสัญญาของเรียนชิ้น รองศาสตราจารย์ ดร.มนตรา จาตุรัสธ์ เป็นผู้ช่วยราชการ
ตรวจ 1) โปรแกรมการอบรม และ 2) แบบสอบถาม ทั้งนี้ นิสิตได้สัมมนาและประชุมเรื่องดังกล่าวด้วยและจะประสานงานในรายละเอียดดังกล่าวต่อไป และสามารถสอบถามข้อมูลเพิ่มเติมได้ที่ 083 760 3738

จึงเรียนมาเพื่อขอความอนุเคราะห์บุคลากรในสังกัดเป็นผู้ช่วยราชการให้นายเป็นไป เทวีจรรย์
และขอขอบพระคุณมาณ อาจารย์

(รองศาสตราจารย์ นายแพทย์อนศริภพ เทพไตรฐานกุล)
คณะคณบดีวิทยาลัย
เรื่อง การศึกษาเรื่องการบุคคลากรในสังกัดเป็นผู้ชายภาพยนตร์

เนื่อง คณะศิลปศาสตร์ มหาวิทยาลัยราชภัฏปทุมธานี

เนื่องด้วย นายปิยะ บริวิช นิสิตระดับปริญญาเอก สาขาวิชาจิตวิทยาการปฐมภูมิ มหาวิทยาลัยศิริราช

ปริญญาตรี ได้รับมอบหมายให้ทบทวนงานวิจัย และเรื่อง "Counselling Competencies for Lesbian, Gay, Bisexual, and Transgender clients: A Grounded Theory Research" โดยมี ผู้ช่วยศาสตราจารย์ ดร.มหารา

สุทาว ผู้ช่วยศาสตราจารย์ ดร.ดรุณภูริ นั้นประเสริฐ และอาจารย์ ดร.ณัฐณิรัตน์ พรหมจิตร เป็นอาจารย์ที่ปรึกษา

ในการนี้ นิสิตได้ทำการวิจัยโดยเริ่มจากการศึกษา

1) สอบถามผู้บริการ และ 2) แบบสอบถาม ทั้งนี้ นิสิตได้ติดต่อกับผู้บริการและผู้ให้บริการด้านการคุ้มครองผู้ชายภาพยนตร์

และจะประสานงานไปเรื่อยตามที่สอดคล้องต่อไป

จึงเรียนมาเพื่อความอนุเคราะห์บุคคลากรในสังกัดเป็นผู้ชายภาพยนตร์ให้ นางปิยะ บริวิช และ

ขอขอบคุณคุณครูณ โล่ เกษณ์

ขอแสดงความนับถือ

(รองศาสตราจารย์ นายนพพรชัยชัย อาจารย์อาจารย์)

คณะศิลปศาสตร์ มหาวิทยาลัย

สำนักงานคณะศิลปศาสตร์ มหาวิทยาลัย

โทรศัพท์ 0 2649 5064

หมายเหตุ : สอบถามข้อมูลเพิ่มเติมได้ที่ภาควิชาคณิตศาสตร์ โทรศัพท์ 083 760 3738
เรื่อง ขอความอนุเคราะห์เป็นผู้ช่วยราชการ

เรียน อาจารย์ ดร.สัมฤทธิ์ วงศ์แสง

เนื่องด้วย นายเบนซ์ เฟบรินท์ นิสิตระดับปริญญาตรี สาขาวิชาพิจารณาอายุประพฤติ มหาวิทยาลัยการค้ามหาวิทยาลัย ได้รับอนุญาตให้เข้าประชุมสัมมนาเรื่อง “Counselling Competencies for Lesbian, Gay, Bisexual, and Transgender clients: A Grounded Theory Research” โดยมีผู้ช่วยศาสตราจารย์ ดร.สมพร ศรีรักษ์ ผู้ช่วยศาสตราจารย์ ดร.ญาติศรี ชัยภัทร์  promin อาจารย์ ดร.นฤเมธี พรใหญ่ เป็นอาจารย์ที่ปรึกษา ประชุมสัมมนา

ในการนี้ นักศึกษาทางอาชีพเรียนซึ่งเป็นผู้ช่วยราชการทราบว่า 1) โปรแกรมการอบรม และ 2) แบบสอบถาม ทั้งนี้ นิสิตได้ติดต่อประสานงานเบื้องต้นกับท่านแล้ว และจะประสานงานในรายละเอียด ต่อไปในอีกไม่กี่วัน

จึงเรียนมาเพื่อขอความอนุเคราะห์เป็นผู้ช่วยราชการได้ นายเบนซ์ เฟบรินท์ และขอขอบคุณคุณ

ขอแสดงความนับถือ

ชัยศรี ที

(รองศาสตราจารย์ นายแพทย์วินวิช ถวายพลพินาศ)

คอมพิวเตอร์ มหาวิทยาลัย

สํานักงานคอมพิวเตอร์ มหาวิทยาลัย

โทร. 0 2649 5064
หมายเหตุ : สอบถามข้อมูลเพิ่มเติมที่กอง公关สื่อ โทร. 083 760 3738
เนื่องจากได้รับเรื่องของคุณนางสาว ผู้ช่วยศาสตราจารย์ ดร.นษัฎฐา จันทร์เศรษฐ์ วิทยาลัยรังสีศาสตร์และวิทยาลัยสุขภาพ มหาวิทยาลัยมหิดล ที่มีเรื่องขอความสนใจในการเป็นที่ปรึกษาเรื่อง "Counseling Competencies for Lesbian, Gay, Bisexual and Transgender clients: A Grounded Theory Research" โดยเรื่องนี้ ผู้ช่วยศาสตราจารย์ ดร.นษัฎฐา จันทร์เศรษฐ์ ได้ให้เรื่องซึ่งมีบทบาทในการรับฟังความคิดเห็นที่มีความสนใจที่จะเริ่มต้นการวิจัยในเรื่องดังกล่าว

สำนักงานคณบดีวิทยาลัยดังกล่าว ขอแสดงความนับถือ

(นางสาว ผู้ช่วยศาสตราจารย์ ดร.นษัฎฐา จันทร์เศรษฐ์)
คณบดีวิทยาลัย
APPENDIX C

Counselling Program to Promote Competencies for LGBT Clients
โปรแกรมการอบรมเพื่อเสริมสร้างสมรรถนะการให้คำปรึกษา
สำหรับผู้รับบริการที่มีความหลากหลายทางเพศ

โปรแกรมการอบรมเพื่อเสริมสร้างสมรรถนะการให้คำปรึกษาต่อผู้รับบริการที่มีความหลากหลายทางเพศเป็นการประยุกต์ใช้ข้อมูลจากผลการวิจัยฐานราก เรื่อง สมรรถนะการให้คำปรึกษาต่อผู้รับบริการที่มีความหลากหลายทางเพศ: การวิจัยทฤษฎีฐานราก ร่วมกับการทบทวนวรรณกรรมที่เกี่ยวข้อง แนวคิดทฤษฎีด้านความหลากหลายทางเพศ และความเท่าเทียมทางเพศ โปรแกรมการอบรมครั้งนี้มีจุดมุ่งหมายเพื่อให้ข้อมูล แนะนำแนวทาง และสร้างความเข้าใจต่อผู้เข้าอบรม ซึ่งเป็นนักศึกษาชั้นปีที่ 3 สาขาวิชาจิตวิทยา มหาวิทยาลัยศิลปากร วิทยาเขตพระราชวังสนามจันท์ จำนวน 18 คน ในเรื่องการให้คำปรึกษาแก่บุคคลที่มีความหลากหลายทางเพศ ตลอดจนแนวทางอื่น ๆ ที่พึงปฏิบัติเพื่อสนับสนุนและช่วยเหลือผู้รับบริการที่มีความหลากหลายทางเพศ โปรแกรมการอบรมครั้งนี้ดำเนินการแบ่งกลุ่ม จำนวน 5 ครั้ง ครั้งละ 1.30 ชั่วโมง
<table>
<thead>
<tr>
<th>กิจกรรมการอบรม</th>
<th>วันที่</th>
<th>วัตถุประสงค์</th>
<th>การประเมิน</th>
</tr>
</thead>
</table>
| **Capacities of Counsellor**  
กิจกรรม: Building a Relationship through a non-prejudice Listening สร้างสัมพันธภาพผ่านการฟังด้วยหัวใจ | 1 ชั่วโมง 30 นาที | 1. เพื่อให้ผู้เข้าอบรมเข้าใจถึงการพัฒนาการฟังที่ไม่เกี่ยวกับความเห็น ที่ยั่งยืนเพื่อสร้างพื้นฐานความสัมพันธ์ที่ดี | • ส่งเสริมหลักความเป็นธรรมของผู้เข้าอบรมในแต่ละคนในระดับที่ก้าวหน้า |
| **Awareness of LGBT issues and challenges**  
กิจกรรม: Gender and Traditional Perspectives ทัศนคติเดิมและความหลากหลายทางเพศ | 1 ชั่วโมง 30 นาที | 1. เพื่อให้ผู้เข้าอบรมเข้าใจและตระหนักถึงทัศนคติของตนเองเกี่ยวกับการตั้งใจเพื่อสร้างพื้นฐานความสัมพันธ์ทางเพศ | • ผู้เข้าอบรมสามารถการจัดการกับการดูถูกทางเพศได้อย่างสุขภาพ | • เพื่อเข้าข้อมูลสามารถการจัดการกับการที่มีความหลากหลายทางเพศซึ่งยั่งยืนได้อย่างเหมาะสม | • เพื่อให้ผู้เข้าอบรมเข้าใจแนวคิดที่แตกต่างระหว่างผู้ให้คำปรึกษาและผู้รับบริการในเรื่องอัตลักษณ์ทางเพศและสังเกตการณ์เพื่อเล็งเห็นแนวทางเพื่อลดช่องว่างระหว่างผู้ให้คำปรึกษาและผู้รับบริการได้อย่างไว |
| **Awareness of LGBT issues and challenges**  
กิจกรรม: Gender Diversity ความหลากหลายทางเพศ | 2 ชั่วโมง | 1. เพื่อให้ผู้เข้าอบรมรู้จักความหลากหลายทางเพศ | • ผู้เข้าอบรมสามารถบอกความหมายและนิยามโดยย่อของความหลากหลายทางเพศ |
<table>
<thead>
<tr>
<th>กิจกรรม</th>
<th>เวลา</th>
<th>องค์ประกอบของการสนับสนุนการให้คำปรึกษา</th>
<th>วัตถุประสงค์</th>
<th>การประเมิน</th>
<th>ผลลัพธ์</th>
</tr>
</thead>
<tbody>
<tr>
<td>Advocacy and Supports</td>
<td>2 ชั่วโมง</td>
<td></td>
<td></td>
<td>• ผู้เข้าอบรมสามารถเขียนสรุปปัญหาและความยุ่งยากใจต่าง ๆ ซึ่งบุคคลที่มีความหลากหลายทางเพศได้</td>
<td>• ผู้เข้าอบรมสามารถเขียนสรุปปัญหาและความยุ่งยากใจต่าง ๆ ซึ่งบุคคลที่มีความหลากหลายทางเพศได้</td>
</tr>
<tr>
<td>กิจกรรม: LGBT Case Study การรณรงค์เพื่อสิทธิ์และจัดหาแนวทางช่วยเหลือที่เหมาะสมสำหรับบุคคลที่มีความหลากหลายทางเพศ และกรณีศึกษาชีวิตของ LGBT ในประเทศไทย</td>
<td></td>
<td></td>
<td></td>
<td>• ผู้เข้าอบรมสามารถเขียนแนวทางเพื่อช่วยเหลือที่เหมาะสมสำหรับบุคคลที่มีความหลากหลายทางเพศได้โดยสังเขป</td>
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</tr>
<tr>
<td>Ongoing Self-development</td>
<td>1 ชั่วโมง</td>
<td></td>
<td></td>
<td>• ผู้เข้าอบรมสามารถบอกรายละเอียดขององค์กรต่าง ๆ ที่สนับสนุน LGBT ในประเทศไทยได้โดยสังเขป</td>
<td>• ผู้เข้าอบรมสามารถบอกรายละเอียดขององค์กรต่าง ๆ ที่สนับสนุน LGBT ในประเทศไทยได้โดยสังเขป</td>
</tr>
<tr>
<td>กิจกรรม: LGBT Organizations in Thailand การรณรงค์เพื่อสิทธิ์และการพัฒนาตนเองอย่างต่อเนื่อง: องค์กรที่สนับสนุน LGBT ในประเทศไทย</td>
<td>30 นาที</td>
<td></td>
<td></td>
<td>• ผู้เข้าอบรมสามารถบอกรายละเอียดขององค์กรต่าง ๆ ที่สนับสนุน LGBT ในประเทศไทยได้โดยสังเขป</td>
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</tr>
</tbody>
</table>
โปรแกรมที่ 1  
Non-Prejudice Listening
พัฒนาทัศนวิสัยที่เปิดอก

แนวคิดสำคัญ
การฟังโดยไม่ตัดสินใจถูกวินิจฉัยผู้พูดกับแนวคิดค่านิยมของสังคม คือ พื้นฐานสำคัญที่จะให้คำปรึกษาที่เป็นธรรมต่อผู้รับบริการ โดยençãoที่มีความหลากหลายทางเพศทั้งหมดที่เรอร่างที่มากกว่าและหลากหลายซึ่งหลายเรื่องเป็นสิ่งที่ขัดแย้งกับสังคมโดยรอบ เช่น เลดี้บีน ถูกต่อทางการแพร่กระจายข้อมูล เพื่อแสดงสิ่งที่ชอบหรือความคิดตัดสินนั้นยังไม่เพียงพอ แต่ต้องอาศัยการฟังด้วยใจอย่างลึกซึ้งหูรู้เห็นข้อความที่ตัดสินใจที่ยากเหล่านั้นมักต้องเกิดขึ้นหรือนั้นทำสิ่งที่ดูเหมือนจะเป็นสิ่งที่ขัดแย้งเหล่านี้มักที่อยู่ตรงหน้าเราดังนั้นการสื่อสารข้อความให้จากริตใจของเขาวัตถุประสงค์
เพื่อให้ผู้เข้าร่วมอบรมเข้าใจถึงหลักการ “ฟังโดยปราศจากการตัดสิน” ซึ่งหมายถึงการฟังอย่างทั่วถึง การยอมรับอย่างไม่มีเงื่อนไข และการเต็มใจรับฟังสิ่งที่ได้ยินมากกว่าการคิดหาทางแก้ไขในทันที

อุปกรณ์
1. ระฆังสัญญาณ
2. นาฬิกาจับเวลา

ระยะเวลา
1 ชั่วโมง 30 นาที

ขั้นดำเนินการ
1. ผู้นำแจกแบบสอบถามให้ผู้เข้าอบรมทำ pretest
2. แบ่งกลุ่มผู้เข้าอบรมออกเป็น 4 กลุ่ม กลุ่มละ 3-5 คน คละเพศ
3. กำหนดระยะเวลาสำหรับการพูดของแต่ละคนประมาณ 3 นาที
4. ให้กำหนดกติกา การพูดและการฟังโดยใช้หลัก “การฟังโดยปราศจากการตัดสิน” การรักษาความสับสนของผู้พูด การไม่พูดตรงหรือตั้งคำถามใด ๆ ซึ่งเป็นการขัดขวางการพูดของเพื่อนร่วมกลุ่ม

5. ผู้นำอบรมแจ้งให้ผู้เข้าร่วมทราบก่อนเริ่มว่า หากเกิดความเงียบหรือผู้พูดกำลังใช้สติเพื่อวิเคราะห์ความคิดภายในจิตใจ หรืออยู่ในอารมณ์ใด ๆ ที่ไม่พร้อมจะพูดต่อ ให้ทุกคนในกลุ่มอยู่ในอาการสงบก่อนผู้พูดจะพร้อมหรือจนกว่าจะหมดเวลา

6. ทุกคนในกลุ่มจะได้พูดเกี่ยวกับ 5 หัวข้อต่อไปนี้
6.1. การที่เราดำเนินชีวิตมาก็ถึงทุกวันนี้ได้ ในบางช่วงหรือบางตอนของชีวิต เช่น ในช่วงการเรียนหนังสือ ใครหรือสิ่งใดบ้างที่เป็นแบบอย่างในชีวิตของเรา เช่น หนังสือ ภาพยนตร์
6.2. ในเวลาที่ว่างจากการเรียน ฉันคือใคร
6.3. อัตลักษณ์ทางเพศของฉัน
6.4. สิ่งที่ได้ประสบมากี่ในช่วงเวลา 3 เดือนที่ผ่านมาและทำให้รู้สึกแม้
6.5. ความสุขที่ได้รับในช่วงเวลาสามเดือนที่ผ่านมา

ขั้นสรุป

ผู้เข้าร่วมอบรมบอกถึงความเข้าใจที่มีต่อประสบการณ์การพูดที่เกิดขึ้นขณะทำกิจกรรม

การประเมินผล

1. สังเกตลักษณะการพูดของผู้เข้าอบรมแต่ละคนระหว่างทำกิจกรรม
2. ผู้เข้าอบรมสามารถบอกสิ่งที่เข้าใจจากการพูดโดยปราศจากการตัดสินได้
โปรแกรมที่ 2

Gender and Traditional Perspectives

ทัศนคติต่อความหลากหลายทางเพศ

แนวคิดสำคัญ

เพศมีความหลากหลายทางเพศและมีความเปลี่ยว โดยที่เพศถูกแบ่งออกเป็นสองสกุล คือเพศชายและเพศหญิง และการแสดงออกหรือการแสดงออกทางเพศยังมีความหลากหลาย ทำให้เกิดความหลากหลายทางเพศ

แนวคิดสำคัญ

เพศมีความหลากหลายทางเพศและมีความเปลี่ยว โดยที่เพศถูกแบ่งออกเป็นสองสกุล คือเพศชายและเพศหญิง และการแสดงออกหรือการแสดงออกทางเพศยังมีความหลากหลาย ทำให้เกิดความหลากหลายทางเพศ

วัตถุประสงค์

1. เพื่อให้ผู้เข้าอบรมเข้าใจและจดจำทัศนคติของตนเองเกี่ยวกับอัตลักษณ์ทางเพศ
2. เพื่อให้ผู้เข้าอบรมเข้าใจแนวคิดที่แตกต่างกันระหว่างผู้ให้คำปรึกษาและผู้รับบริการ

อุปกรณ์

1. กระดาษปรู๊ฟ
2. ปากกาเมจิก

ระยะเวลา

2 ชั่วโมง

ขั้นดำเนินการ

1. แบ่งกลุ่มผู้เข้าอบรมออกเป็น 4 กลุ่ม กลุ่มละ 3-5 คน คละเพศ
2. แจกกระดาษเขียนหนึ่งแผ่นให้แต่ละกลุ่ม โดยมอบหมายให้แต่ละกลุ่มเขียนหัวข้อด้านการรับรู้ผู้สื่อสาร แยกออกเป็นชาย “ความเป็นชาย” และผู้หญิง “ความเป็นหญิง”
3. หลังจากนั้นให้กลุ่มที่เขียนหัวข้อ “ความเป็นชาย” สลับมาเขียนที่ “ความเป็นหญิง”
4. ใช้เวลาประมาณ 20 นาที
5. ผู้นำอบรม เชิญตัวแทนของแต่ละกลุ่ม เพื่อวงกลมคำสัพท์ที่แสดงถึงความเป็นชายหรือหญิงอย่างแท้จริง หากบุคคลใดไม่มีคำสัพท์ในข้อใด แต่ยังคงความเป็นหญิงหรือชายอยู่ใดก็ให้วงกลมในข้อนั้น ๆ

ตัวอย่างคำสัพท์ เช่น

ความเป็นหญิง : ปรนนิบัติสามี มีหน้าอกใส่กระโปรง ผู้เข้าอบรมเพศชายต้องไม่เคยมีความเป็นหญิง

ความเป็นชาย : เล่นกีฬาเก่ง มีกล้ามใหญ่ ผู้เข้าอบรมเพศหญิงต้องไม่เคยมีความเป็นชาย

6. ผู้นำอบรมตั้งคำถาม

6.1 ตั้งคำถามต่อผู้เข้าอบรมเพศชายว่า “หากเราขาดบางสิ่งที่เขียนลงในแผ่นกระดาษความเป็นชาย จะทำให้ความเป็นชายของเราลดลงหรือไม่?” (เปลี่ยนคำถามความเป็นชาย เป็นความเป็นหญิงกับผู้เข้าอบรมเพศหญิง)

6.2 ความเป็นชายหรือความเป็นหญิงเกิดขึ้นที่ไหนและมีสภาพเป็นอย่างไร

6.3 หากผู้รับบริการของเรามีรสนิยมทางเพศ การแต่งกายหรือทัศนคติทางเพศแตกต่างจากเราอย่างสิ้นเชิง เราจะนำแนวคิดที่ได้เรียนรู้นั้นไปปรับใช้อย่างไรบ้าง”

7. ให้ทุกคนมีสิทธิ์ตอบคำถาม

ขั้นสรุป

คำสัพท์ทุกคำจะถูกกลง เพราะความคิดเรื่องความเป็นชาย ความเป็นหญิงส่วนเกิดจากคำนิยม ประเพณี และค่านิยมก่อนต่อ ๆ กันมา ทำให้เรามักไม่มีความคิดที่เฉพาะเจาะจง สำหรับเพศนั้น ๆ บางกลุ่มมองว่า อวัยวะเพศ เช่น จู๋หรือจิ๋ม เป็นของเฉพาะเพศ แต่บางบุคคลไม่ได้มีอวัยวะเพศเหล่านี้ โดยเหตุผลบางประการ ที่ยังคงความเป็นชายหรือหญิงอยู่ ทุกอย่างมีความสั่น ไหล และความหลากหลายทางเพศเป็นเรื่องธรรมดา

การประเมินผล

1. ผู้เข้าอบรมสามารถอธิบายแนวคิดของตนเองในเรื่องอัตลักษณ์ทางเพศแบบสั้น ๆ ได้

2. ผู้เข้าอบรมสามารถอธิบายได้ว่าการเข้าใจความแตกต่างในอัตลักษณ์ทางเพศ จะช่วยลดช่องว่างระหว่างผู้ให้คำปรึกษาและผู้รับบริการได้อย่างไรบ้าง
โปรแกรมที่ 3

Gender Diversity

บุคคลที่มีความหลากหลายทางเพศ

แนวคิดสำคัญ

บุคคลที่มีความหลากหลายทางเพศคือบุคคลที่มีความหลากหลายทางเพศที่ด้านบุคคลกรอบความคิดตั้งแต่เดิมของ
สังคม โดยเฉพาะในเรื่องเพศ บุคคลเหล่านี้มีทางออกทางชีวิตอันใหม่ของตนเองที่ไม่อาจให้สังคมรับติด
ที่คิดแตกต่างออกไป และไม่ปิดกั้นตนเองไม่เฉพาะทางรักใคร่เพศใดเพศหนึ่งเท่านั้น หรืออาจจะไม่รักเพศใดเพศหนึ่งเลยก็ได้

วัตถุประสงค์

เพื่อให้ผู้เข้าอบรมรู้จักความหลากหลายทางเพศ

อุปกรณ์

1. หุ่นตุ๊กตากระดาษพร้อมชุดเสื้อผ้า หรือใช้ภาพหุ่นเพื่อระบายสีและวาดเสื้อผ้า
2. ป้ายบอกรายละเอียดถึงเพศที่ให้บังคับ คือเพศวิถี เพศก้าเนิด การแสดงออก ความรักชอบ และการมีเพศสัมพันธ์
3. เอกสารที่มีชื่อว่า X Gender

ระยะเวลา

1 ชั่วโมง 30 นาที

ขั้นดำเนินการ

1. แจกใบงานหัวข้อ X Gender และหุ่นตุ๊กตากระดาษ เลือกหาเสร็จสิ้น ครึ่งชั่วโมง
2. ผู้เข้าอบรมจับชุดจากโจทย์ให้เป็นเรื่องของสังคมที่คนละคน
3. ผู้เข้าอบรมอ่านโจทย์ที่ได้รับ โดยไม่ให้ผู้เข้าอบรมคนอื่นทราบว่าโจทย์เป็นเพศใด

ระยะเวลาความที่ได้รับ ใช้เวลาประมาณ 30 นาที

4. หลังจากหมดเวลา ผู้เข้าอบรมจับชุดจาก X Gender ของตนเองและ 3-5 นาที

โดยประมาณ และให้แนะนำตัวต่อ ๆ ว่าเป็นคนแบบไหน ชอบอะไร ก่อนเฉลยโจทย์ที่ให้
ขั้นสรุป

อธิบายโดยการจำลองชีวิตของผู้ที่มีความหลากหลายทางเพศบางคน ที่เราเห็นผ่านสื่อมวลชนหรือสื่อโซเชียล เพราะหลายครั้งบริบทบางอย่างบังคับให้ชีวิตเป็นเช่นนั้น เช่น โจทย์บอกว่าเพศกําเนิดหญิง สมองเป็นชาย รักชอบเพศหญิง และมีเพศสัมพันธ์กับทุกเพศ

การประเมินผล

1. ผู้เข้าอบรมสามารถระบุความหมายและนิยามโดยย่อของความหลากหลายทางเพศ
โปรแกรมที่ 4

LGBT Case Study
กรณีศึกษาชีวิตบุคคลที่มีความหลากหลายทางเพศในประเทศไทย

แนวคิดสำคัญ

บุคคลที่มีความหลากหลายทางเพศในประเทศไทยดำเนินชีวิตด้วยความท้าทาย และต้องเผชิญปัญหาหลายประการจากสังคมและผู้คนรอบข้าง การศึกษาชีวิตของบุคคลเหล่านี้ จะช่วยให้ผู้ให้คำปรึกษาเข้าใจถึงปัญหาและความยุ่งยากใจของบุคคล LGBT ได้ชัดเจนมากขึ้น

วัตถุประสงค์

1. เพื่อให้ผู้เข้าอบรมเข้าใจถึงปัญหาและความยุ่งยากใจของบุคคลที่มีความหลากหลายทางเพศต้องเผชิญในสังคมไทยได้
2. เพื่อให้ผู้เข้าอบรมสามารถร่างแนวคิดเพื่อช่วยเหลือบุคคลที่มีความหลากหลายทางเพศได้โดยสังเขป
3. เพื่อให้ผู้เข้าอบรมสามารถวางแผนแนวทางช่วยเหลือเพื่อให้เหมาะสมสำหรับบุคคลที่มีความหลากหลายทางเพศได้

อุปกรณ์

1. เรื่องราวชีวิตของ LGBT
2. กระดาษปรู๊ฟและปากกาเมจิก

ระยะเวลา

2 ชั่วโมง

ขั้นดำเนินการ

1. แบ่งกลุ่มผู้เข้าอบรมออกเป็น 4 กลุ่ม กลุ่มละ 3-5 คน
2. แต่ละกลุ่มได้รับแจกเอกสารเรื่องราวชีวิตของ LGBT กลุ่มละ 1 เรื่อง และให้แต่ละกลุ่มอ่านเอกสารใบงาน 1 เรื่อง โดยใช้เวลาอ่านประมาณ 30 นาที
3. ให้แต่ละกลุ่มได้แสดงบทบาทสมมติหรือละครสั้นเกี่ยวกับเรื่องราวที่ได้อ่าน แล้วสรุปปัญหาที่ LGBT เผชิญ สาเหตุของปัญหา และแนวทางช่วยเหลือต่อผู้เข้าอบรมคนอื่น ๆ
4. ผู้นําอบรมเปิดให้มีการอภิปราย ซักถาม กลุ่มละ 10 - 15 นาที

ขั้นสรุป

ผู้นําอบรมเชิญตัวแทนผู้เข้าอบรม ให้สรุปความเข้าใจหรือความรู้ที่ได้จากกิจกรรมนี้

การประเมินผล

1. ผู้เข้าอบรมสามารถเขียนสรุปปัญหาและความยุ่งยากจากจิตต่าง ๆ ซึ่งบุคคลที่มีความหลากหลายทางเพศเผชิญในสังคมไทยและบอกแนวทางในการช่วยเหลือบุคคลเหล่านั้นได้

2. ผู้เข้าอบรมสามารถเขียนแนวของเพลิงเชิงที่จะช่วยส่งเสริมสิทธิยุติธรรมที่ดีได้สำหรับบุคคลที่มีความหลากหลายทางเพศ

3. ผู้เข้าอบรมแลกเปลี่ยนแนวคิดในเรื่องแนวทางช่วยเหลือที่เหมาะสมสำหรับบุคคลที่มีความหลากหลายทางเพศ
โปรแกรมที่ 5

LGBT Organization
องค์กรที่สนับสนุน LGBT ในประเทศไทย

แนวคิดสำคัญ

นอกจากรู้จักความหลากหลายทางเพศ บุคคลที่มีความหลากหลายทางเพศ ปัญหาและความมุ่งมั่นที่จะมุ่งมั่นเพื่อความเข้าใจของตนอย่างต่อเนื่องจะรู้จักบุคคลต่างๆ ที่สนับสนุน LGBT ในประเทศไทยด้วยเช่นกัน องค์กรเหล่านี้มีข้อมูล คำแนะนำ การอบรมและสัมมนาที่จัดขึ้นเป็นประจำซึ่งผู้ให้คำปรึกษาสามารถเข้าร่วมได้

วัตถุประสงค์

1. ผู้เข้าอบรมรู้จักแหล่งข้อมูลที่สามารถสืบค้นและเรียนรู้เพื่องานปรึกษาต่อผู้รับบริการที่มีความหลากหลายทางเพศ

อุปกรณ์

1. สื่อคลิปวิดีโอแนะนำองค์กรที่สนับสนุน LGBT ในประเทศไทย คือ มูลนิธิซิสเตอร์ มูลนิธิเอ็มพลัส มูลนิธิสวิง ศูนย์สุขภาพแทนเจริญ
2. ตารางสังเคราะห์รายละเอียดขององค์กรต่างๆ ที่สนับสนุน LGBT ในประเทศไทย

ระยะเวลา

1 ชั่วโมง 30 นาที

ขั้นดำเนินการ

1. ผู้นำเสนอเปิดสื่อคลิปวิดีโอพร้อมคำอธิบายถึงการทำงานขององค์กรที่สนับสนุน LGBT ในประเทศไทยโดยสั้นๆ ใช้เวลาประมาณ 45 นาที
2. ผู้นำเสนอเปิดโปรแกรมที่ 4 และให้แต่ละกลุ่มอภิปรายร่วมกันว่า ในกรณีที่การให้อาญานบุคคล LGBT ควรจะมีความช่วยเหลือจากองค์กรใด ตัวอย่างเหตุผลใด
3. ให้ผู้เข้าอบรมแต่ละคนเขียนถึงข้อมูลที่ตนเองต้องการรู้เพิ่มเติมจากองค์กรที่สนับสนุน LGBT
ขั้นสรุป

1. ผู้นำอบรมเปิดให้มีการข้อความบางสิ่งบางอย่างและข้อแนะนำเกี่ยวกับองค์กรช่วยเหลือ LGBT
2. ผู้นำสรุปโปรแกรมทั้งหมดและให้ผู้เข้าอบรมทำแบบสอบถาม post test

การประเมินผล

1. ผู้เข้าอบรมสามารถบอกรายละเอียดขององค์กรต่าง ๆ ที่สนับสนุน LGBT ในประเทศไทยได้โดยสังเขป
แบบสอบถาม
สมรรถนะการให้คำปรึกษาสำหรับผู้รับบริการที่มีความหลากหลายทางเพศ
เพื่อส่งเสริมความเข้าใจในแนวทางการให้คำปรึกษาต่อผู้รับบริการที่มีความหลากหลายทางเพศ (LGBT)

ค่าคะแนน 1. โปรดตอบคำถามทุกข้อและแสดงความคิดเห็น
2. 5 หมายถึง เห็นด้วยมากที่สุด และ 1 หมายถึง ไม่เห็นด้วยมากที่สุด

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<tr>
<th>ข้อที่</th>
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<td>1</td>
<td>ขั้นต้นและทักษะการให้บริการที่มีความหลากหลายทางเพศเพื่อสร้างสัมพันธภาพ</td>
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<td>ถ้าไม่เห็นด้วยกับ &quot;ตุ๊ด&quot; &quot;เทิร์น&quot; ต่างเพศ กับผู้รับบริการ</td>
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<td>3</td>
<td>ขั้นรับสังกัด ประมาณว่าจะอยู่ในตัวหรือพื้นที่อยู่กับ LGBT</td>
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<td>4</td>
<td>ถ้าไม่มีความสุขเมื่อต้องให้คำปรึกษาแก่ผู้รับบริการ LGBT</td>
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<td>5</td>
<td>ใช้การระบุชื่ออย่างต่าง ๆ และคำขอเป็นอย่างต่อ ๆ ผู้รับบริการ LGBT</td>
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<td>6</td>
<td>การสร้างความสัมพันธ์และความเข้าใจในชีวิตของบุคคลที่มีความหลากหลายทางเพศ</td>
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<td>7</td>
<td>ฉันเห็นว่าการเป็น LGBT คือทางเลือกในการดำเนินชีวิตสามารถเปลี่ยนแปลงจากการเป็นแบบเพศก่อนเพื่อปรับตัวตามกาหนด</td>
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<td>8</td>
<td>ฉันรู้สึกว่า การเปลี่ยนแปลงชีวิตเป็นกลุ่ม แต่กลุ่มละเปลี่ยนแปลงการเข้าสังคม</td>
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<tr>
<td>9</td>
<td>ฉันเห็นว่าการเป็นตัวของกลุ่ม LGBT ไม่สามารถปฏิเสธได้</td>
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<td>10</td>
<td>ฉันเห็นว่า ปัญหาของ LGBT ส่วนใหญ่เกิดจากการที่พวกเขาเป็นเพศที่แตกต่างจากเกิดไปต่อสังคม</td>
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<td>11</td>
<td>การรณรงค์สิทธิ์และการจัดหาแนวทางช่วยเหลือสำหรับบุคคลที่มีความหลากหลายทางเพศ</td>
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<td>12</td>
<td>ฉันเห็นด้วยกับการส่งเสริมของกลุ่ม LGBT</td>
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<tr>
<td>13</td>
<td>ฉันเห็นว่า การรณรงค์ให้ผู้รับบริการ LGBT ได้รับสิทธิ์ต่าง ๆ ที่พวกเขาควรได้รับ</td>
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<td>14</td>
<td>ฉันเห็นว่า การข้ามเพศไม่ได้สร้างอุปสรรคในการให้บริการ LGBT</td>
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<td>15</td>
<td>ฉันเห็นว่าการจัดกิจกรรมที่ช่วยให้บุคคลยิ่ง ๆ มีความเข้าใจในผู้ที่มีความหลากหลายทางเพศยิ่งยิ่งในประเทศไทย</td>
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<td>ข้อที่</td>
<td>คำถาม</td>
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<tr>
<td>16</td>
<td>ฉันศึกษาหาข้อมูลที่เกี่ยวข้องกับ LGBT อยู่เสมอ เพราะเป็นสิ่งที่จำเป็นสำหรับผู้ให้คำปรึกษา</td>
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<td>17</td>
<td>ฉันคอยติดตามข้อมูลตามเสียงประชาชนและจากองค์กรอื่นๆ ที่เกี่ยวข้องกับ LGBT</td>
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<td>18</td>
<td>เมื่อมีโอกาสฉันจะเข้าร่วมสัมมนาหรืออบรมสำหรับการทำางานเพื่อ LGBT</td>
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<td>19</td>
<td>ฉันตั้งใจที่จะเรียนรู้หลักปฏิบัติและเทคนิคการทำางานให้คำปรึกษาเพิ่มเติมในด้านการทำางานกับ LGBT</td>
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<tr>
<td>20</td>
<td>ฉันเชื่อว่าความรู้ที่มีในปัจจุบันเพียงพอสำหรับการทำางานกับ LGBT แล้ว</td>
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ข้อเสนอแนะ

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APPENDIX D

Thai Version Counselling Competencies Guidelines for LGBT Clients
แนวปฏิบัติเพื่อเสริมสร้างสมรรถนะการให้คำปรึกษาสำหรับผู้รับบริการที่มีความหลากหลายทางเพศ

ขอบเขตแนวปฏิบัติ
แนวปฏิบัตินี้สร้างและปรับปรุงขึ้นสำหรับให้ผู้ให้คำปรึกษาใช้เป็นแหล่งข้อมูลในการประเมินตนเองเพื่อช่วยเหลือผู้รับบริการที่มีความหลากหลายทางเพศ ข้อควรระวังที่สำคัญคือแนวปฏิบัตินี้มีความยืดหยุ่นและเป็นกรอบความคิดซึ่งสร้างขึ้นเพื่อใช้สำหรับการให้คำปรึกษาซึ่งสามารถปรับเปลี่ยนเพื่อเหมาะสมกับแนวทางของผู้ให้คำปรึกษาแต่ละคนเพื่อประโยชน์สูงสุดแก่ผู้รับบริการ

แนวปฏิบัตินี้มีเป้าหมายสำหรับผู้ให้คำปรึกษาที่ยังไม่คุ้นเคยกับผู้รับบริการที่มีความหลากหลายทางเพศหรือผู้รับบริการที่ไม่ระบุเพศสภาพของตนเองเพื่อนำไปใช้ในการให้คำปรึกษา เพราะการพบปะกันครั้งแรกระหว่างผู้ให้คำปรึกษาและผู้รับบริการรายใหม่คือช่วงเวลาที่ผู้รับบริการจะตัดสินใจว่าจะเข้าพบผู้ให้คำปรึกษาในครั้งถัดไปหรือหยุดบริการอันเนื่องมาจากความไม่พึงพอใจ

ดังนั้น แนวปฏิบัตินี้จึงจัดเน้นคำแนะนำเพื่อให้ผู้ให้คำปรึกษาทำความเข้าใจเตรียมความพร้อมเพื่อสร้างสัมพันธ์และเข้าใจถึงประเด็นปัญหาของผู้รับบริการยังน่าไปสู่การให้คำปรึกษาที่มีประสิทธิภาพและเหมาะสมกับผู้รับบริการมากขึ้น ตอนท้ายของแนวปฏิบัติตะแต่ละส่วนจะมีช่องว่างเพื่อให้ผู้ให้คำปรึกษาเขียนข้อความดังๆ เกี่ยวกับความเข้าใจและแนวคิดที่มีต่อแนวปฏิบัติบางข้อที่ผู้ให้คำปรึกษาต้องการปรับปรุงหรือแก้ไขเพื่อให้สอดคล้องกับการทำงานที่เฉพาะเจาะจงของตนเองมากขึ้นหรือเพื่อใช้เป็นบันทึกที่สามารถนำกลับมาพิจารณาได้เมื่อต้องการวัตถุประสงค์ของแนวปฏิบัติ

1. เพื่อกำหนดแนวปฏิบัติที่เหมาะสมสำหรับการให้คำปรึกษาระหว่างผู้ให้คำปรึกษาและผู้รับบริการที่มีความหลากหลายทางเพศ
2. เพื่อเป็นแหล่งข้อมูลพื้นฐานที่ผู้ให้คำปรึกษาสามารถนำไปใช้และพัฒนาขั้นตอนการทำงานของตนเองเพื่อช่วยเหลือผู้รับบริการที่มีความหลากหลายทางเพศได้ดีที่สุด

นิยามคำศัพท์
คำศัพท์ต่อไปนี้ช่วยให้ผู้ให้คำปรึกษาเข้าใจความหมายที่แท้จริงของคำศัพท์เฉพาะหรือคำศัพท์ย่อยที่เกี่ยวข้องในแนวปฏิบัติ
บุคคลที่มีความหลากหลายทางเพศ (LGBT individuals) หมายถึง บุคคลซึ่งเป็น เลสเบี้ยน เกย์ ไบเซ็กซวล (คนรักสองเพศ) และบุคคล cross-gender ทางเพศที่แตกต่าง บุคคลเหล่านี้จึงขึ้นตั้งจุดถิ่นฐานใหม่ไม่ใช่บุคคลที่รักเพศตรงข้ามและมีรูปแบบการใช้ชีวิตที่ไม่смотрอกันกับเพศก่อนหน้าของตนเอง บุคคลเหล่านี้อาจมีประสบการณ์ด้านความรักใคร่ กับเพศเดียวกันหรือทั้งสองเพศ คำศัพท์คำนี้เปิดกว้างและครอบคลุมไปถึงคำว่า Queer (ผู้รู้จักชื่อ) หรือ Questioning (ผู้รู้จักชื่อที่ยังไม่ทราบ) และ Intersex (บุคคลสองเพศที่) และเพศอื่น ๆ ที่ไม่смотрอกันกับเพศตามแนวคิดต่างกันอีก

รสนิยมทางเพศ (sexual orientation) หมายถึง องค์ประกอบแห่งความต้องการที่เกี่ยวกับการดึงดูดเรื่องเพศและอารมณ์ความรู้สึกของบุคคลในเรื่องทางเพศ ซึ่งรวมถึงการเป็นเลสเบี้ยน เกย์ ไบเซ็กซวล (คนรักสองเพศ) หรือบุคคลที่มีความรู้สึกที่ไม่เหมือนกับเพศใดๆ บุคคลอาจมีความสนใจต่อผู้ชาย/ผู้หญิง ทั้งสองเพศหรือไม่ต่อทั้งสองเพศ บุคคลที่มีความรู้สึกถึงความรักใคร่กับเพศเดียวกันหรือทั้งสองเพศ หรือไม่ต่อทั้งสองเพศ บุคคลที่มีความรู้สึกถึงความรักใคร่ในเพศอื่นๆ หรือนั้นส่วนใหญ่ต้องการพัฒนาทางเพศและการแสดงออกทางเพศ (APA, 2015)

อัตลักษณ์ทางเพศ (sexual identity) หมายถึง การที่บุคคลที่มีความต้องการที่เกี่ยวกับการดึงดูดเรื่องเพศและอารมณ์ความรู้สึกของบุคคลทางเพศต่อใคร

การเหมารวมหรือการละเลยไม่สนใจในรสนิยมทางเพศของบุคคล (sexual orientation blindness) หมายถึง บุคคลที่ไม่เห็นถึงความรู้สึกหรือปฏิสัมพันธ์กับบุคคลที่มีแนวคิดต่อความรักใคร่หรือเพศศึกษาต่างจากตนเอง บุคคลเหล่านี้แบ่งกันความรู้สึกของบุคคลที่ติดอยู่กับรักต่างเพศ เสมือนกับเป็นเหตุการณ์แสดงออกทางเพศและเด็กที่มีต่อ
แนวปฏิบัติการให้คำปรึกษา
เพื่อช่วยเหลือผู้รับบริการที่มีความหลากหลายทางเพศ

Guidelines for Counselling Providers to support LGBT Clients


ผู้ให้คำปรึกษาสามารถประเมินตนเองเพื่อตรวจสอบว่ามีการใช้งานแนวปฏิบัติเหล่านี้มากน้อยเพียงใดเพื่อให้เกิดประสิทธิภาพที่ดีที่สุดในการช่วยเหลือและให้การดูแลบุคคลที่มีความหลากหลายทางเพศ และหัวข้อใดที่สามารถพัฒนาต่อยอดเพื่อให้เกิดประสิทธิผลต่อผู้รับบริการ

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<td>ความสามารถของผู้ให้คำปรึกษา</td>
<td>1. ฟังอย่างใส่ใจเพื่อให้ได้รับข้อมูลจากผู้รับบริการอย่างเพียงพอ</td>
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<tr>
<td>ประกอบด้วย</td>
<td>2. สร้างสัมพันธ์ทางกายและสภาวะแวดล้อมแห่งความไว้วางใจระหว่างผู้รับบริการและผู้ให้บริการเป็นสมาชิกในครอบครัวหรือเพื่อนสนิท</td>
</tr>
<tr>
<td>1. การสร้างความสัมพันธ์และสร้างบรรยากาศการให้คำปรึกษาที่ปลอดภัย</td>
<td>3. สร้างบรรยากาศแห่งความปลอดภัยและความเป็นส่วนตัวเพื่อให้ผู้รับบริการรู้สึกปลอดภัยและลดความเครียดระหว่างกระบวนการให้คำปรึกษา</td>
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<td>1.2. การรับรู้ถึงความแตกต่างในชีวิตส่วนบุคคล</td>
<td>4. รับรู้ความแตกต่างในชีวิตส่วนบุคคลและทัศนคติเชิงลบในใจของผู้ให้คำปรึกษาอาจส่งผลต่อการให้บริการคำปรึกษาแก่ผู้ที่มีความหลากหลายทางเพศ</td>
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<td>เพศและเพศระหว่างเพศ</td>
<td>5. เข้าใจว่าการมีความรักต่อเพศเดียวกับเพศต่างกันไม่ใช่สิ่งแสดงถึงความเจ็บป่วยทางด้านจิตใจ</td>
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<tr>
<td>สมารรถนะที่ 1</td>
<td>แนวปฏิบัติ</td>
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<tr>
<td>ผู้ให้คำปรึกษา</td>
<td>6. ยอมรับผู้รับบริการอย่างไม่มีเงื่อนไข โดยการให้การช่วยเหลือและสนับสนุนให้ผู้รับบริการยอมรับในตัวตนทางเพศที่หลากหลาย และหลีกเลี่ยงที่จะค่าประเมินตัวตนของพวกเขา</td>
</tr>
<tr>
<td>1.3. ผู้รับบริการและการเตรียมงานทางบทที่เกิดต่อบุคคลการช่วยจ้างส่งต่อผู้ให้คำปรึกษา</td>
<td>7. รับรู้และให้ความสำคัญในการใช้การื่องทางบวก โดยการเลือกภาษาที่เหมาะสมกับผู้รับบริการที่มีความหลากหลายทางเพศ และหลีกเลี่ยงการใช้ภาษาที่อาจมีการตีความในเชิงการเลือกปฏิบัติ หรือคำที่เป็นตัวกระตุ้นเชิงลบและไม่เป็นประโยชน์ต่อการให้บริการการปรึกษาแก่ผู้ที่มีความหลากหลายทางเพศ</td>
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<tr>
<td>ที่เกิดต่อ</td>
<td>8. รับรู้ได้ว่าการแสดงความจริงใจและความเป็นตัวของตัวเองของผู้ให้คำปรึกษาระหว่างกระบวนการให้คำปรึกษาสามารถสร้างความไว้วางใจและหลากหลายก้าวที่อาจเกิดขึ้นได้เนื่องจากการมีรสนิยมทางเพศที่แตกต่างกัน</td>
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<tr>
<td>ต่างต่ อง</td>
<td>9. เข้าใจถึงความแตกต่างเกี่ยวกับประสบการณ์ทางเพศระหว่างผู้ให้คำปรึกษาและผู้รับบริการระหว่างกระบวนการให้คำปรึกษา</td>
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<td>9. เข้าใจถึงความแตกต่างเกี่ยวกับประสบการณ์ทางเพศระหว่างผู้ให้คำปรึกษาและผู้รับบริการระหว่างกระบวนการให้คำปรึกษา</td>
<td>10. รับรู้ได้ว่าความแตกต่างด้านสมบูรณ์ทางเพศอาจส่งผลต่อความเข้าใจและความสมเห็นซึ่งระหว่างผู้ให้คำปรึกษาและผู้รับบริการได้ดังนั้น ผู้ให้คำปรึกษาจะพยายามเรียนรู้เกี่ยวกับประสบการณ์ทางเพศของผู้รับบริการและระมัดระวังเกี่ยวกับความคิดและการใช้คำพูดต่อผู้รับบริการมากยิ่งขึ้น</td>
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<td>11. เข้าใจถึงประสบการณ์ทางเพศและความแตกต่างของผู้รับบริการซึ่งอาจส่งผลกระทบต่ออารมณ์และการกระทำของผู้ให้คำปรึกษา</td>
<td>11. เข้าใจถึงประสบการณ์ทางเพศและความแตกต่างของผู้รับบริการซึ่งอาจส่งผลกระทบต่ออารมณ์และการกระทำของผู้ให้คำปรึกษา ดังนั้นผู้ให้คำปรึกษาอาจจำเป็นต้องของคำปรึกษาจากเพื่อนร่วมงานเพื่อช่วยเหลือเกี่ยวกับประเด็นปัญหาที่เกิดขึ้น</td>
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<tr>
<td>สมรรถนะที่ 1</td>
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<td>12. เชื่อว่าผู้ที่มีความหลากหลายทางเพศมีความสามารถในการจัดการการใช้ชีวิตด้านความรักและอัตลักษณ์ทางเพศเพื่อดำเนินชีวิตได้อย่างเต็มสกุลภาพทั้งในด้านอารมณ์ความสัมพันธ์และการทำหน้าที่ในด้านต่าง ๆ ได้อย่างเหมาะสม</td>
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1- ประเมินตนเอง:  
มีสิ่งใดบ้างที่ควรได้รับการปรับปรุงในสมรรถนะด้านนี้?  
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<table>
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<th>สมรรถนะที่ 2</th>
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<td>การตอบแทนผู้รับบริการ ปัญหาและความลำบากใจในชีวิตของผู้รับบริการ</td>
<td>1. รับรู้ในประเด็นบัญญัติเฉพาะของผู้รับบริการรวมถึงแนวทางที่เหมาะสมเพื่อจัดการความต้องการที่เฉพาะเจาะจง</td>
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<tr>
<td>ประกอบด้วย 2.1. การตอบแทนผู้รับบริการให้คำแนะนำที่มีเฉพาะผู้รับบริการแต่ละคน</td>
<td>2. ช่วยให้ผู้รับบริการเข้าใจถึงความแตกต่างระหว่างอัตลักษณ์ทางเพศ พฤติกรรมที่เกี่ยวข้องกับเพศสภาพ และสังคมทางเพศเพื่อให้ผู้รับบริการต้องเผชิญกับความซับซ้อนในการตัดสินใจ</td>
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<tr>
<td>2.2. การรับรู้ถึงความหลากหลายในชุมชนผู้มีความหลากหลายทางเพศ</td>
<td>3. รวมกลุ่มของผู้รับบริการและก่อนที่จะมีการมีความหลากหลายทางเพศ</td>
</tr>
<tr>
<td>2.3. การตอบแทนผู้รับบริการปัญหาที่ต้องการหรือมีความกังวล</td>
<td>4. รวมกลุ่มของผู้รับบริการและก่อนที่จะมีความหลากหลายทางเพศ โดยเฉพาะในเรื่องคำนิยามความเสื่อมและบรรทัดฐานทางวัฒนธรรม</td>
</tr>
<tr>
<td>มีความหลากหลายทางเพศ</td>
<td>5. รวมกลุ่มของผู้รับบริการและก่อนที่จะมีความหลากหลายทางเพศในประเทศและชุมชนที่อาศัย</td>
</tr>
<tr>
<td>ที่มีความหลากหลายทางเพศ</td>
<td>6. มีความต้องการที่จะมีสิ่งที่เกี่ยวข้องกับความรักทางเพศที่เหมาะสมกับความรักทางเพศที่มีอยู่ในสังคมของผู้รับบริการและสังคมที่อาศัย</td>
</tr>
<tr>
<td>7. รวมกลุ่มของผู้รับบริการและก่อนที่จะมีความหลากหลายทางเพศ</td>
<td>8. รวมกลุ่มของผู้รับบริการและก่อนที่จะมีความหลากหลายทางเพศ</td>
</tr>
<tr>
<td>สมรถนะที่ 2</td>
<td>แนวปฏิบัติ</td>
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<tr>
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</tr>
<tr>
<td>9. ทำตัวให้คุณเคยกับวัฒนธรรม ประเพณี และวิถีการดำเนินชีวิต ที่มีความเฉพาะเจาะจงของกลุ่มผู้ที่มีความหลากหลายทางเพศ</td>
<td></td>
</tr>
<tr>
<td>10. ระลึกว่าผู้รับบริการอาจต้องเผชิญกับกังวลและสับสนเกี่ยวกับการศึกษาและแนวปฏิบัติทางศาสนา เมื่อระบบความเชื่อหรือนโยบายทางศาสนาที่ผู้บริการให้ความเคารพนั้นไม่สอดคล้องกับทัศนคติต่อรสนิยมทางเพศของกลุ่มผู้ที่มีความหลากหลายทางเพศ</td>
<td></td>
</tr>
</tbody>
</table>

**2-ประเมินตนเอง**

มีสิ่งใดบ้างที่ควรได้รับการปรับปรุงไม่ได้รับ

ในสมรรถนะด้านนี้?
<table>
<thead>
<tr>
<th>สมรรถนะที่ 3</th>
<th>แนวปฏิบัติ</th>
</tr>
</thead>
<tbody>
<tr>
<td>การรณรงค์สิทธิ์และการจัดเตรียมการช่วยเหลือสำหรับบุคคลที่มีความหลากหลายทางเพศ</td>
<td>1. ปฏิบัติตนเพื่อเป็นแบบอย่างในการเลือกปฏิบัติ และการตัดสินใจที่ทำงาน ครอบครัว และชุมชน</td>
</tr>
<tr>
<td></td>
<td>2. ยินดีให้การช่วยเหลือเพื่อเสริมสร้างและรณรงค์เกี่ยวกับการสร้างพลังและความมั่นใจในตนเองให้แก่ผู้รับบริการที่ต้องเจริญกับสถานการณ์ที่สลับซับซ้อน ไม่ปลอดภัย หรือได้รับการรังวัดของ</td>
</tr>
<tr>
<td></td>
<td>3. เข้าร่วมกับองค์กรต่าง ๆ เพื่อผลักดันความเท่าเทียมทั้งทางเพศ ทั้งในระดับชุมชนและระดับประเทศ</td>
</tr>
<tr>
<td></td>
<td>4. ใช้วิธีการล่วงป้องกันการคิดจะเป็นทางการให้ผู้รับบริการรู้และรับรู้การมีส่วนร่วมใน 24 ชั่วโมงหากมีการตรวจเลือดแสดงผลของ positively และติดตามผู้รับบริการอย่างต่อเนื่องด้วย</td>
</tr>
<tr>
<td></td>
<td>5. จัดเตรียมข้อมูลทางการล่วงป้องกันเพื่อให้ผู้รับบริการรู้และรับรู้ที่เหมาะสมที่สุด</td>
</tr>
<tr>
<td></td>
<td>6. จัดเตรียมข้อมูลในการให้ความรู้ต่อเจ้าหน้าที่เจ้าหน้าที่ เพื่อให้ผู้รับบริการรู้และรับรู้ที่เหมาะสมที่สุด</td>
</tr>
<tr>
<td></td>
<td>7. ดำเนินการจัดเตรียมข้อมูลในการให้ความรู้ต่อเจ้าหน้าที่ เพื่อให้ผู้รับบริการรู้และรับรู้ที่เหมาะสมที่สุด ข้อมูลที่เกี่ยวข้องกับผู้ที่มีความหลากหลายทางเพศ</td>
</tr>
<tr>
<td>สมรรถนะที่ 3</td>
<td>แนวปฏิบัติ</td>
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<tr>
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</tr>
<tr>
<td>8. เป็นกระบอกเสียงและร่วมรณรงค์กับผู้ที่มีความหลากหลายทางเพศโดยจัดเตรียมการให้คำปรึกษาที่สนับสนุน รับรอง และยอมรับในตัวผู้รับบริการ</td>
<td>9. เป็นกระบอกเสียงในการร่วมรณรงค์และส่งเสริมในการสร้างพลังใจตนเองของผู้ที่มีความหลากหลายทางเพศ เพื่อให้ผู้ที่มีความหลากหลายทางเพศสามารถเป็นกระบอกเสียงในการส่งเสริมผลักดันนโยบายและแนวทางปฏิบัติเพื่อความเท่าเทียมกันในสถานที่ทำงานหรือสังคมได้</td>
</tr>
</tbody>
</table>

3- ประเมินตนเอง:

มีสิ่งใดบ้างที่ควรได้รับการปรับปรุงในสมรรถนะนี้? ___________________________________________________________________________
<table>
<thead>
<tr>
<th>สมรถนะที่ 4</th>
<th>แนวปฏิบัติ</th>
</tr>
</thead>
<tbody>
<tr>
<td>การพัฒนาตนเองอย่างต่อเนื่องของผู้ให้คำปรึกษา</td>
<td>1. ค้นหาแนวทางและสถิติจากข้อมูลด้านการมีบุคคลเพื่อเพิ่มประสิทธิภาพในการให้บริการปรึกษา ผ่านการเรียน การทำงาน การแลกเปลี่ยนประสบการณ์ การเข้ารับคำแนะนำจากผู้เชี่ยวชาญ โดยเฉพาะเรื่องเพศ สุขภาวะทางจิต โรคติดต่อกันทางเพศที่พัฒน์ ซึ่งส่งผลต่อผู้ที่มีความหลากหลายทางเพศ</td>
</tr>
<tr>
<td>ประกอบด้วย</td>
<td>2. เฟ้นค้นความรู้เพื่อก่อให้เกิดความเข้าใจผู้ที่มีความหลากหลายทางเพศอย่างมีระบบ ทำให้การศึกษาพิจารณาต่าง ๆ การเข้าร่วมอบรมทางวิชาชีพ รวมถึงการขอรับคำแนะนำจากผู้เชี่ยวชาญ</td>
</tr>
<tr>
<td>4.1. การพัฒนาตนเองผ่านทางการเรียนรู้อย่างมีระบบ</td>
<td>3. ขอรับคำแนะนำปรึกษาจากผู้ที่มีความรู้ ความสามารถ และทักษะด้านการทำงานและมุมมองภายในด้านบุคคลจากผู้ที่มีความเข้าใจและมุมมองในการทำงานหรือให้คำปรึกษาแก่ผู้ที่มีความหลากหลายทางเพศ เพื่อให้แน่ใจว่าทัศนคติและความสามารถของฉันจะไม่ขัดขวางประสิทธิภาพการบริการให้คำปรึกษา</td>
</tr>
<tr>
<td>4.2. การพัฒนาตนเองผ่านทางการแลกเปลี่ยนประสบการณ์</td>
<td>4. ค้นคว้าหาความรู้เกี่ยวกับการพัฒนา งานวิจัย และความรู้ด้าน ๆ เกี่ยวกับผู้ที่มีความหลากหลายทางเพศอย่างต่อเนื่อง เนื่องจากประเด็นปัญหาและการใช้ชีวิตในสังคมของกลุ่มผู้ที่มีความหลากหลายทางเพศมีการเปลี่ยนแปลงอย่างรวดเร็ว</td>
</tr>
<tr>
<td>การแลกเปลี่ยนประสบการณ์</td>
<td>5. ศึกษาความรู้ เข้าร่วมอบรมบัณฑิต และขอคำแนะนำจากผู้ที่มีความรู้ในมิติที่มีความหลากหลายทางเพศ และด้านการวางแผนการดำเนินการให้บริการแก่ผู้ที่มีความหลากหลายทางเพศที่ต้องการความช่วยเหลือในประเด็นปัญหาทางเพศที่พิเศษของพวกเขา (เช่น ผู้ที่แปลงเพศ)</td>
</tr>
<tr>
<td></td>
<td>6. ศึกษาความรู้ทางด้านจิตวิทยาและความรู้ที่เกี่ยวข้องกับผู้ที่มีความหลากหลายทางเพศอย่างต่อเนื่อง เพื่อเป็นแนวทางในการช่วยเหลือและสนับสนุนพวกเขาอย่างเหมาะสม</td>
</tr>
<tr>
<td></td>
<td>7. ติดตามข่าวสารและสถานการณ์ต่าง ๆ ที่เกี่ยวข้องกับผู้ที่มีความหลากหลายทางเพศอยู่ตลอดเวลา</td>
</tr>
</tbody>
</table>
4- ประเมินตนเอง:

มีสิ่งใดบ้างที่ควรได้รับการปรับปรุงในสมรรถนะด้านนี้?

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___________________________________________
VITA

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DATE OF BIRTH  03 October 1978

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