

SEXUAL IDENTITY CONFUSION*

BEHAVIORAL DEFINITIONS

1. Uncertainty about basic sexual orientation.
2. Difficulty in enjoying sexual activities with opposite sex partner because of low arousal.
3. Sexual fantasies and desires about same-sex partners, which causes distress.
4. Sexual activity with person of same sex that has caused confusion, guilt, and anxiety.
5. Depressed mood, diminished interest in activities.
6. Marital conflicts caused by uncertainty about sexual orientation.
7. Feelings of guilt, shame, and/or worthlessness.
8. Concealing sexual identity from significant others (e.g., friends, family, spouse).

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LONG-TERM GOALS

1. Identify sexual identity and engage in a wide range of relationships that are supportive of that identity.

* Most of the content of this chapter (with only slight revisions) originates from J. M. Evosevich and M. Avriette, *The Gay and Lesbian Psychotherapy Treatment Planner* (Hoboken, NJ: Wiley, 2000). Copyright © 2000 by J. M. Evosevich and M. Avriette. Reprinted with permission.

2. Reduce overall frequency and intensity of the anxiety associated with sexual identity so that daily functioning is not impaired.
3. Disclose sexual orientation to significant others.
4. Return to previous level of emotional, psychological, and social functioning.
5. Eliminate all feelings of depression (e.g., depressed mood, guilt, worthlessness).

SHORT-TERM OBJECTIVES

THERAPEUTIC INTERVENTIONS

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| <ol style="list-style-type: none"> 1. Describe fear, anxiety, and distress about confusion over sexual identity. (1) 2. Disclose any history of substance use that may contribute to and complicate the treatment of sexual identity confusion. (2) 3. Provide behavioral, emotional, and attitudinal information toward an assessment of specifiers relevant to a <i>DSM</i> diagnosis, the efficacy of treatment, and the nature of the therapy relationship. (3, 4, 5, 6) | <ol style="list-style-type: none"> 1. Actively build trust with the client and encourage his/her expression of fear, anxiety, and distress over sexual identity confusion. 2. Arrange for a substance abuse evaluation and refer the client for treatment if the evaluation recommends it (see the Substance Use chapter in this <i>Planner</i>). 3. Assess the client's level of insight (syntonic versus dystonic) toward the "presenting problems" (e.g., demonstrates good insight into the problematic nature of the "described behavior," agrees with others' concern, and is motivated to work on change; demonstrates ambivalence regarding the "problem described" and is reluctant to address the issue as a concern; |
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or demonstrates resistance regarding acknowledgment of the “problem described,” is not concerned, and has no motivation to change).

4. Assess the client for evidence of research-based correlated disorders (e.g., oppositional defiant behavior with ADHD, depression secondary to an anxiety disorder) including vulnerability to suicide, if appropriate (e.g., increased suicide risk when comorbid depression is evident).
 5. Assess for any issues of age, gender, or culture that could help explain the client’s currently defined “problem behavior” and factors that could offer a better understanding of the client’s behavior.
 6. Assess for the severity of the level of impairment to the client’s functioning to determine appropriate level of care (e.g., the behavior noted creates mild, moderate, severe, or very severe impairment in social, relational, vocational, or occupational endeavors); continuously assess this severity of impairment as well as the efficacy of treatment (e.g., the client no longer demonstrates severe impairment but the presenting problem now is causing mild or moderate impairment).
 7. Assess the client’s current sexual functioning by asking him/her about previous sexual history, fantasies, and thoughts.
4. Identify sexual experiences that have been a source of excitement, satisfaction, and emotional gratification.
(7, 8, 9, 10)

8. Assist the client in identifying sexual experiences that have been a source of excitement, satisfaction, and emotional gratification.
9. To assist the client in increasing his/her awareness of sexual attractions and conflicts, assign him/her to write a journal describing sexual thoughts, fantasies, and conflicts that occur throughout the week (or assign “Journal of Sexual Thoughts, Fantasies, Conflicts” from the *Adult Psychotherapy Homework Planner* by Jongsma).
10. Have the client rate his/her sexual attraction to both men and women on a scale of 1 to 10 (with 10 being extremely attracted and 1 being not at all attracted).
11. Explore with the client how cultural, racial, and/or ethnic factors contribute to confusion about homosexual behavior and/or identity.
12. Assign the client the homework of writing a “future” biography describing his/her life 20 years in the future, once as a heterosexual, another as a homosexual; read and process in session (e.g., ask him/her which life was more satisfying, which life had more regret).
13. Educate the client about the range of sexual identities possible (i.e., heterosexual, homosexual, bisexual).
14. Have the client read *The Invention of Heterosexuality*
5. Verbalize an understanding of how cultural, racial, and/or ethnic identity factors contribute to confusion about sexual identity. (11)
6. Write a “future” biography detailing life as a heterosexual and as a homosexual to assist in identifying primary orientation. (12)
7. Verbalize an understanding of the range of sexual identities possible. (13, 14)

- by Katz; process the client's thoughts and feelings about its content.
8. Identify the negative emotions experienced by hiding sexuality. (15, 16)
 9. Verbalize an understanding of safer-sex practices. (17)
 10. Verbalize an increased understanding of homosexuality. (13, 18, 19)
 11. List the advantages and disadvantages of disclosing
 15. Explore the client's negative emotions (e.g., shame, guilt, anxiety, loneliness) related to hiding/denying his/her sexuality.
 16. Explore the client's religious convictions and how these may conflict with identifying himself/herself as homosexual and cause feelings of shame or guilt (see the Spiritual Confusion chapter in this Planner); consider suggesting that the client read *The Bible, Christianity, & Homosexuality* by Cannon that argues the Bible does not condemn faithful gay relationships.
 17. Teach the client the details of safer-sex guidelines and encourage him/her to include them in all future sexual activity.
 13. Educate the client about the range of sexual identities possible (i.e., heterosexual, homosexual, bisexual).
 18. Assign the client homework to identify 10 myths about homosexuals and assist him/her in replacing them with more realistic, positive beliefs.
 19. Assign the client to read books that provide accurate, positive messages about homosexuality (e.g., *Is it a Choice?* by Marcus; *Outing Yourself* by Signorile; *Coming Out: An Act of Love* by Eichberg).
 20. Assign the client to list advantages and disadvantages of

- sexual orientation to significant people in life. (20)
12. Watch films/videos that depict lesbian women/gay men in positive ways. (21)
13. Attend a support group for those who want to disclose themselves as homosexual. (22)
14. Identify gay/lesbian people to socialize with or to obtain support from. (23, 24, 25)
15. Develop a plan detailing when, where, how, and to whom sexual orientation is to be disclosed. (26, 27)
- disclosing sexual orientation to significant others; process the list content.
21. Ask the client to watch movies/videos that depict lesbians/gay men as healthy and happy (e.g., *Desert Hearts*; *In and Out*; *Jeffrey*; *When Night is Falling*); process his/her reactions to the films.
22. Refer the client to a coming out support group (e.g., at Gay and Lesbian Community Service Center or AIDS Project).
23. Assign the client to read lesbian/gay magazines and newspapers (e.g., *The Advocate*).
24. Encourage the client to gather information and support from the Internet (e.g., coming-out bulletin boards on AOL and Facebook, lesbian/gay organizations' web sites).
25. Encourage the client to identify gay men or lesbians to interact with by reviewing people he/she has met in support groups, at work, and so on, and encourage him/her to initiate social activities.
26. Have the client role-play disclosure of sexual orientation to significant others (e.g., family, friends, coworkers; see the Family Conflict chapter in this *Planner*).
27. Assign the client homework to write a detailed plan to disclose his/her sexual orientation, including to whom it will be disclosed, where, when, and possible questions and reactions

recipient(s) might have (or assign “To Whom and How to Reveal My Homosexuality” from the *Adult Psychotherapy Homework Planner* by Jongsma).

16. Identify one friend who is likely to have a positive reaction to homosexuality disclosure. (28, 29)

28. Encourage the client to identify one friend who is likely to be accepting of his/her homosexuality.

29. Suggest the client have casual talks with a friend about lesbian/gay rights, or some item in the news related to lesbians and gay men to “test the water” before disclosing sexual orientation to that friend.

17. Reveal sexual orientation to significant others according to written plan. (30, 31)

30. Encourage the client to disclose sexual orientation to friends/family according to the written plan.

31. Probe the client about reactions of significant others to disclosure of homosexuality (e.g., acceptance, rejection, shock); provide encouragement and positive feedback.

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DIAGNOSTIC SUGGESTIONS

Using DSM-IV/ICD-9-CM:

Axis I:	309.0	Adjustment Disorder With Depressed Mood
	309.28	Adjustment Disorder With Mixed Anxiety and Depressed Mood

	309.24	Adjustment Disorder With Anxiety
	300.4	Dysthymic Disorder
	302.85	Gender Identity Disorder in Adolescents or Adults
	300.02	Generalized Anxiety Disorder
	313.82	Identity Problem
	296.2x	Major Depressive Disorder, Single Episode
	296.3x	Major Depressive Disorder, Recurrent
	302.9	Sexual Disorder NOS
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Axis II:	301.82	Avoidant Personality Disorder
	301.83	Borderline Personality Disorder
	301.81	Narcissistic Personality Disorder
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Using DSM-5/ICD-9-CM/ICD-10-CM:

<u>ICD-9-CM</u>	<u>ICD-10-CM</u>	<u>DSM-5 Disorder, Condition, or Problem</u>
309.0	F43.21	Adjustment Disorder, With Depressed Mood
309.28	F43.23	Adjustment Disorder, With Mixed Anxiety and Depressed Mood
300.09	F41.8	Other Specified Anxiety Disorder
300.00	F41.9	Unspecified Anxiety Disorder
309.24	F43.22	Adjustment Disorder, With Anxiety
300.4	F34.1	Persistent Depressive Disorder
302.85	F64.1	Gender Dysphoria in Adolescents and Adults
300.02	F41.1	Generalized Anxiety Disorder
296.2x	F32.x	Major Depressive Disorder, Single Episode
296.3x	F33.x	Major Depressive Disorder, Recurrent Episode
301.82	F60.6	Avoidant Personality Disorder
301.83	F60.3	Borderline Personality Disorder
301.81	F60.81	Narcissistic Personality Disorder

Note: The ICD-9-CM codes are to be used for coding purposes in the United States through September 30, 2014. ICD-10-CM codes are to be used starting October 1, 2014. Some ICD-9-CM codes are associated with more than one ICD-10-CM and *DSM-5* Disorder, Condition, or Problem. In addition, some ICD-9-CM disorders have been discontinued resulting in multiple ICD-9-CM codes being replaced by one ICD-10-CM code. Some discontinued ICD-9-CM codes are not listed in this table. See *Diagnostic and Statistical Manual of Mental Disorders* (2013) for details.