**Perspectives: Navigating Gender Differences Between Counselor and Client**

Presenter: Fredrick Dombrowski, PhD, LMHC, MAC, CASAC and Tara Matthews, PhD, LPC, MAC

**Why is the suicide completion rate higher than woman?**
A: Men tend to use more lethal means such as guns.

**What are your thoughts on clients requesting a certain gender as a counselor?**
A: The client may have experienced personal trauma or may have had bad experiences in the past. I recommend that all clinicians do their best to create a therapeutic rapport even during an intake even if the client requests a specific gender. This step can help to challenge cognitive distortions. Clinicians also must continue to assess for potential co-occurring personality disorders which may contribute to a gender preference.

I've found that many men in treatment request female counselors. Do you think that’s because they are not comfortable with men sharing feelings? How might you handle that?
A: As a male counselor, many of the men I worked with who initially requested to work with a woman indicated assumptions of female counselors (caring, open, flexible, calm, etc.). Many of these patients reported that they haven’t been exposed to many men who had these qualities. Within this, I asked the clients to allow the completion of the intake with hopes to refer them to a female staff. I use the OARS skills and ongoing validation throughout treatment. Just about all of them reported that they would be willing to work with me by the end of the session.

Please discuss the duality of male staff working with a sexually or physically traumatized female offering opportunity for a "safe" relationship vs being triggered or having a higher risk of transference. Gender relationship may also be reversed with similar consideration...
A: This is a great recommendation. Due to client severity of symptoms and level of care, some traumatized women would have no option but to have some men care providers (doctors, nures, counselors, social workers, psych techs, etc.). To help provide support, female staff at timed were encouraged to join treatment sessions. For traditional outpatient treatment where a woman who experiences trauma must work with a male counselor, the transference, lack of trust, and the slow pace of developing a rapport are expected. Ongoing concerns are validated. The counselor must also have ongoing supervision.

Do you think it’s essential that agencies and providers try to provider gender-specific services?
A: I believe that it can be preferable based on the clients being served. Some clinics may have justice linked individuals who have been separated from their families for various reasons. A gender specific group can be helpful in these instances.

How do you think treatment providers most frequently fail those who identify as women in treatment? And vice versa, how do providers most frequently fail those who identify as men (related to their gender) in treatment?
A: Both men and women experience their own unique challenges and have various reasons which may contribute to the development of substance use or co-occurring mental health diagnoses. I feel that both men and women may be at risk for misdiagnosis if a counselor misinterprets the client’s actions within a scope of pathology. Women may be overdiagnosed with BPD and men may be overdiagnosed with NPD. I believe it is important to also assess and assist the system (family, friends, supports, etc.) related to the patient to help enhance outcomes.

Great presentation style Fred. May I ask are people still OK with using the term clean, rather than a person in recovery/long term recovery etc.? Really liked your sense of respect and appreciation for other practitioners.

A: This is a great question. I used the words “person in recovery” in a presentation in November. I had an individual comment and say that they preferred the word “clean”. I don’t prefer “clean” because the concern is that if someone isn’t “clean” then they must be “dirty”. I don’t want to make people feel like anyone is “dirty” regardless of recovery status or mental health. I try to be on top of my vocabulary to show a perception of cultural humility. I am very open to feedback and recommendations as terms can be very important. However, I used the word “clean” based on previous recommendations. I am continuing to assess my language and also receive feedback and support from others. Thank you for the wonderful support!