

Local LGBTQIA+ Resources: Hartford County

Community & Advocacy Organizations

- West Hartford Pride: Community events, Pride programming, advocacy, and visibility initiatives throughout the region.
- Hartford Pride Center: Central hub for LGBTQIA+ community resources, advocacy, volunteer opportunities, events, and community engagement.
- Advancing Connecticut Together: Statewide LGBTQ advocacy organization focused on policy, education, and civil rights.
- The Connecticut Gay & Lesbian Chamber: Professional networking, business development, and LGBTQ-inclusive economic initiatives.

Youth-Focused Resources

- Q Plus: Provides youth groups, social events, summer programming, school consultation, GSA support, leadership opportunities, and statewide youth programming.
- Kamora's Cultural Corner: Provides affirming spaces and programming for LGBTQ+ youth of color.
- Hartford Public Schools LGBTQI+ Supports: Student resources, gender-diverse student policies, and connections to community supports.

Family Support Resources

- PFLAG Hartford
 - Parent and family support groups.
 - Specialized support for parents and allies of transgender youth and adults.
 - Educational programming and advocacy opportunities.

Health Resources

- The Health Collective: Longstanding Hartford LGBTQ health organization providing health services, support programs, advocacy, HIV/STI services, and youth programming including Connecticut's Queer Prom.
- Circle Care Center – Glastonbury: LGBTQ-focused primary care and sexual health services, including gender-affirming healthcare.
- Planned Parenthood - Hartford North Center: Gender-affirming healthcare, sexual health services, and reproductive healthcare.
- LEO Clinic: Community-based healthcare services serving diverse populations, including LGBTQ+ individuals.
- Anchor Health: Health care for queer people by queer people. Radically inclusive, gender-affirming, and sex-positive medical, mental health, and pharmacy care as well as supportive services to thousands of patients across Connecticut and beyond. Anchor Health continuously works to advance health equity for LGBTQ people through advocacy, community-building, education, and research.

Mental Health & Wellness Resources

- Project Thrive CT: LGBTQ-affirming psychotherapy and support services.
- Toivo: Recovery-oriented wellness center offering peer support, mindfulness, and community-based wellness programming.
- SPACE Creative Healing LLC: Community-centered expressive arts and healing programs that may be beneficial for LGBTQ+ individuals seeking affirming spaces.

Crisis & National Resources

- The Trevor Project — LGBTQ youth crisis intervention and suicide prevention.
- Trans Lifeline — Peer support hotline operated by and for transgender individuals.
- 988 Suicide & Crisis Lifeline.

Documentation Guidelines for LGBTQ+ Youth

1. Know Your State Laws and Agency Policies

- Understand state-specific laws regarding minors' confidentiality rights.
- Be familiar with agency policies regarding release of records, parent access, and electronic portals.
- Consult supervisors or legal counsel when confidentiality concerns arise.

Connecticut Confidentiality Considerations

- Connecticut law allows licensed psychologists, psychiatrists, LMFTs, and LCSWs to provide outpatient mental health treatment to minors without parental consent under certain circumstances, including when involving a parent may deter treatment and treatment is clinically necessary.
- Clinicians should understand when parents may access treatment information and records, as confidentiality protections are not absolute. Connecticut law permits certain disclosures to parents under specific circumstances. Check with your organization for specific policies and procedures.
- Be mindful that treatment records, patient portals, court involvement, foster care involvement, and insurance billing may inadvertently disclose sensitive information.
- Document only information that is clinically necessary and relevant to treatment.
- Consult supervisors, agency leadership, or legal counsel when questions arise regarding confidentiality, parental access, disclosure, or documentation.

2. Document Only What Is Clinically Relevant

- Include: Information directly related to assessment, treatment planning, risk assessment, or care coordination.
- Avoid: Excessive details about identity exploration that are not clinically relevant. Detailed narratives about coming out discussions unless therapeutically necessary.

Example: Client explored identity development, interpersonal stressors, and concerns regarding family support.

3. Be Intentional About Name And Pronoun Use In Documentation

When permitted by agency policy: Use affirmed name and pronouns throughout clinical notes and document legal name only when required for identification purposes.

Be intentional about information that may be viewed by parents. Assume parents may request records, notes may be subpoenaed, and/or portions of the record may be shared with schools, providers, or insurers. When unsure about the impact of documentation, err on the side of caution.

Example: Client (legal name in demographic record) identifies as Alex and uses they/them pronouns.

Ask Self: "Would inclusion of this information be clinically necessary if a parent reviewed this note?"

Inform Client: "I have to write notes after our sessions. In these notes I write a vague summary of what we talked about so that insurance/agency/etc knows we met and what type of work we did. Sometimes, these notes can be requested by parents or insurance companies. Would you prefer for me to use the name and pronouns you go by, or would you prefer for me to use your legal name when necessary?"

4. Document Minority Stress Rather Than Identity Alone

- Bullying
- Family conflict
- Social isolation
- Discrimination
- Identity-related stress

Example: Client discussed stress related to peer relationships and concerns about acceptance within social environments.

5. Distinguish Identity From Risk

Do not imply that LGBTQ identity is the source of pathology.

Instead, document:

- Emotional distress
- Family rejection
- Victimization
- Internalized stigma
- Lack of support

Example: Client reported increased depressive symptoms associated with family conflict and perceived rejection.

6. Use Thoughtful Language Around Disclosure

Document:

- Concerns regarding disclosure.
- Safety considerations.
- Decision-making processes.

Avoid: Explicitly documenting plans to conceal information from caregivers unless clinically necessary.

Example: Client explored decisions regarding disclosure of personal identity information and evaluated perceived risks and benefits.

7. Be Careful in Case Management Notes

Case management notes are often shared more broadly than psychotherapy notes. Avoid detailed identity exploration or sensitive disclosures unless required for service coordination.

Focus on:

- Referrals
- Resource linkage
- School supports
- Care coordination

Example: Coordinated referral to affirming youth support services and discussed available community resources.

8. Document Safety Concerns Clearly

When relevant, document:

- Family rejection
- Emotional abuse
- Housing instability
- Suicidality
- Bullying
- Threats of harm

Example: Client expressed concern regarding potential negative family response if personal identity information were disclosed. Safety planning and support identification were completed.

9. Consider Separate Psychotherapy Notes When Appropriate

Where permitted:

- Maintain brief progress notes in the medical record.
- Keep more detailed psychotherapy process notes separately.

This can help protect sensitive therapeutic content while maintaining adequate clinical documentation.

10. Document Strengths and Protective Factors

Include:

- Supportive peers
- Affirming adults
- School supports
- Community involvement
- Coping skills
- Resilience factors

Example: Client identified supportive relationships with peers and a trusted school staff member, which serve as important protective factors.

11. Consult When Unsure

Seek supervision when:

- Parents request records.
- There are disagreements regarding disclosure.
- Gender-affirming care documentation is needed.
- Safety concerns arise related to family rejection.

DO	DO NOT
✓ Use affirming language	✗ Over-document identity exploration
✓ Document clinically relevant information	✗ Pathologize LGBTQ identities
✓ Consider who may access records	✗ Include unnecessary disclosure details
✓ Document minority stress and safety concerns	✗ Assume parents are affirming
✓ Highlight strengths and protective factors	✗ Forget that records may be reviewed by caregivers, insurers, courts, or other providers
✓ Follow confidentiality laws and agency policy	

Guidelines for Writing Letters of Support

(Gender-Affirming Care, Accommodations, and Clinical Advocacy)

Letters of support are clinical documents used to:

- Affirm a client’s mental health needs and diagnosis (when applicable)
- Support access to gender-affirming medical care or social transition supports
- Advocate for accommodations (school, workplace, legal, housing, or systems-based needs)
- Communicate clinical necessity in a clear, ethical, and evidence-based manner

Core Ethical Principles

- **Client autonomy:** The client drives the request and goals of the letter
- **Informed consent:** Ensure the client understands what will be included and who may receive it
- **Minimum necessary information:** Include only what is clinically relevant
- **Non-discrimination:** Avoid bias or gatekeeping based on identity
- **Cultural humility:** Use respectful, affirming, and accurate language

Preparation

- Clarify purpose of letter (medical, school, workplace, legal, etc.)
- Obtain written informed consent for release of information
- Review relevant diagnosis, symptoms, and functional impact
- Confirm client’s goals and wording preferences (name, pronouns)
- Assess whether additional consultation/supervision is needed (especially for gender-affirming care letters)

Gender-Affirming Care Letters (WPATH-Informed Considerations)

When writing letters supporting gender-affirming care:

- Focus on **readiness, stability, and informed decision-making—not identity “proof”**
- Avoid pathologizing gender diversity
- Emphasize autonomy and consistency of identity when relevant
- Document distress when present (e.g., gender dysphoria) without making it the sole justification
- Reference standards of care when appropriate (e.g., WPATH SOC-8)

Language Best Practices

- Use affirming name and pronouns consistently
- Use identity-neutral, strengths-based language
- Avoid:
 - Gatekeeping language (“real” gender, “preferred identity”)
 - Excessive diagnostic framing when not necessary
- Use:
 - “Client reports...”
 - “Client experiences distress related to...”
 - “Client demonstrates capacity for informed consent...”

Common Pitfalls to Avoid

- Overly lengthy or narrative clinical histories
- Including irrelevant family or identity details
- Moralizing or value-based commentary
- Inconsistent use of names/pronouns
- Writing beyond scope of competence or role
- Failing to document consent for disclosure

A good letter of support is not an endorsement of identity—it is a clinical document describing need, functioning, and appropriate care within an evidence-based, affirming framework.