

**How Can Providers Become More
Culturally Aware, Understanding and
Effective Treating LGBTQ+ Individuals**

Learning Objectives

- My hope is that you'll leave this breakout with ideas & tools that you can immediately enact in your specific care setting
- I hope that you'll consider the implications of what we discuss today as you would any training on cultural competence – there are always ways we can improve upon “business as usual” to better meet our clients where they are at
- Specifically, I want you to walk away with....
 - 1) Understanding of basic terms & definitions
 - 2) Differences between assessing and treating LGBTQ+ and heterosexual individuals
 - 3) Working with LGBTQ+ youth and families
 - 4) An action plan for how you can improve your services & care for LGBTQ+ clients you serve

There are over 150+ terms, phrases, and slang
unique to the LGBTQ+ community

LGBTQQIAAP+

What Does Each Mean?

Straight Privilege

Video

https://www.youtube.com/watch?v=th_BRV-tU14

Heterosexual Clients vs. LGBTQ+ Clients

- LGBTQ+ people are a significant and important part of society, and comprise a significant subgroup/population in our SD community
- LGBTQ+ people have developed their own rich and unique cultural traditions and practices, to include language, events, etc.
- LGBTQ+ persons are found within all other groups
- Treatment and recovery demands coming to terms with the effect of shame, oppression, or hurts

Heterosexual Clients vs. LGBTQ+ Clients

- LGBTQ+ clients face a significant dilemma: they are likely to encounter a lack of culturally relevant trained staff and specialists
- Moreover, LGBTQ+ clients may encounter a few staff members and individuals who will attempt to impose their own ideological beliefs on them
- These factors contribute to the fact that only a small number of LGBTQ+ clients seek and attend treatment

Heterosexual Clients vs. LGBTQ+ Clients

- **What's Different?**
 - Sexual orientation
 - Gender identity issues
 - Coming out
 - Social stigma
 - Discrimination
 - Health concerns, such as HIV/AIDS
 - Homophobia, Internalized Homophobia & Heterosexism

**WHY DOES THIS
MATTER TO YOU, AS A
PROVIDER?**

Barriers To Adequate Health Care

- Many LGBTQ+ persons are reluctant to use mainstream healthcare services
- Those who do access services are likely to keep their sexual orientation a secret from their providers
 - Why do you think this is the case?
- A recent study has shown that more than half of all respondents reported that they have experienced at least one of the following types of discrimination in care:
 - Being refused needed care
 - Health care professionals refusing to touch them or using excessive precautions
 - Health care professionals using harsh or abusive language
 - Being blamed for their health status
 - Health care professionals being physically rough or abusive

Addressing Individual Needs

- Each LGBTQ+ client will come in with their own set of treatment needs
- For example, some LGBTQ+ clients require programs that address issues related to sexual identity (i.e. feelings of guilt associated with sexual orientation), while other LGBTQ+ clients require programs that address issues related to traumatic childhood experiences
- It is important for staff and specialists to be trained to pay close attention to the individual and his or her specific needs and to not base treatment on stereotypes

Prevalence Of Mental Health Issues

- Recent research on mental health issues for LGBTQ+ persons indicates that there is **a higher rate of bipolar and depressive disorders in gay men** than among heterosexual men
- Atkinson et al. found **higher rates of lifetime depression in homosexual males** compared with their heterosexual peers
- Gilman et al. found significantly higher prevalence rates of **depressive disorders in lesbian women** compared with heterosexual females
- Distinct **barriers to mental health service utilization** have been described for sexual minorities that include:
 - A tendency to pathologize LGBTQ+ identity
 - Lack of LGBTQ+-sensitive care
 - Discrimination and marginalization of LGBTQ+ clients
 - Unwillingness to address LGBTQ+-related issues in treatment
 - Unwillingness to work with partners and lovers of LGBTQ+ clients

Prevalence Of Interpersonal Violence In The LGBTQ+ Community

- Overall the **same rate** in same-sex relationships as in heterosexual relationships
- **8%** rate of partner violence in a diverse, nonclinical sample of nearly 2,000 lesbians
- **17%** of gay men reported having been in a physically violent relationship (Gay and Lesbian Community Action Council 1987)
- **40%** of 228 gay male perpetrators abused drugs (Farley 1996)
- **25-33%** of same sex couples report some sort of abuse (Page, 2000)

Different Ways We Identify Ourselves

ADDRESSING (Hayes, 2001)

- Age and generational influences
- Disability status (developmental disability)
- Disability status (acquired physical/cognitive/psychological disabilities)
- Religion and spiritual orientation
- Ethnicity
- Socioeconomic status
- Sexual orientation
- Indigenous heritage
- National origin
- Gender
- Family of Origin
- Race
- Gender Identity
- Abilities
- Appearance
- Other

Special Assessment Questions

- Level of comfort being LGBTQ+ person ?
- Stage of coming out ?
- Family/support/social network ?
- Health factors ?
- Drug use and sexual identity or sexual behavior connections ?
- Partner/lover use ?
- Legal problems related to sexual behavior ?
- Gay bashing ?
- Same-gender domestic violence ?
- Out as LGBTQ+ in past treatment experiences ?
- Correlates of sober periods ?

WORKING WITH YOUTH & FAMILIES

Special Issues For LGBTQ+ Youth

LGBTQ+ Youth of Color:

- **Integrating** their sexual, racial, and ethnic identities
- **Interacting with three separate communities-** ethno-cultural, LGBTQ+, and mainstream
- **Managing more than one stigmatized identity**

All LGBTQ+ Youth:

- **Higher risk for depression and suicide**
- **Homelessness is a particular concern for LGBTQ+ youth** with reports from various studies showing ranges from **20 percent to 40 percent**
- Homeless youth are at high risk for **exploitation**; e.g. **survival sex** (exchanging sex for food, drugs, or shelter)
- LGBTQ+ homeless and runaway youth have **many health and social problems**

LGBTQ+ Adolescent Assessment and Treatment Checklist

- Alcohol, tobacco, and other drug use
- The adolescents' social environment
- Sexual identity development and stage of coming out
- Level of disclosure about sexuality
- Gender identity
- Family and social support network
- Impact of multiple identities, gender/ethnic/cultural/sexual orientation
- Knowledge and use of safer sex practices

Taking A Family History

All Clients:

- What were the rules of the family system?
- Was there a history of physical, emotional, spiritual, or sexual trauma?
- Were all family members expected to behave in a certain way?
- What were the family's expectations in regard to careers, relationships, appearance, status, or environment?
- In general, was sex ever discussed?

LGBTQ+ Clients:

- Was anyone else in the family acknowledged to be or suspected of being a lesbian, gay, bisexual, or transgender individual?
- How did the family respond to other individuals coming out or being identified as LGBTQ+ individuals?
- Is the client out to his or her family?
- If the client is out, what type of response did he or she receive?

Definition: Families Of Choice

LGBTQ+ people create "**replacement**" **family networks** that are made up of individuals who are significant to them, including:

♥ **Friends**

♥ **Partners**

♥ **Families of partners**

♥ **Ex-lovers**

♥ **Blood relatives**

♥ **Individuals who have died or are no longer an immediate part of the client's life because of addiction, HIV/AIDS, a relationship break-up, or other life events.**

Guidelines For Working With LGBTQ+ Families

- Demonstrate support and understanding for the life partners and significant others
- Be sensitive to the individual's self-identification
- Be sensitive to the diversity and variety of relationships in the LGBTQ+ community
- Know universal terminology regarding significant others in the LGBTQ+ community
- Be careful of biases re: what a family “should” be
- Do not assume there is no history of opposite-sex relationships

Don't s

- Don't label your clients
- Don't pressure clients to come out. Respect their sense of where they are in this process and their need to feel safe
- Don't interpret on behalf of the client, e.g., “It must be hard being a lesbian,” or “You must be angry because your parents don't accept your being a person of transgender experience.” Instead, follow your client's lead
- Don't ignore significant others and family members

Guidelines For Counselor Competence – Do's

- Know the population. Read and learn about LGBTQ+ community and culture
- Get training to help you become less heterosexist and increase your knowledge and understanding
- Allow yourself to be guided by your LGBTQ+ clients. Listen to what they say is comfortable for them
- Use your client's preferred terminology
- Create a safe and supportive treatment environment for LGBTQ+ clients
- Acknowledge clients' significant others and encourage their participation in treatment

**WHAT OTHER
RECOMMENDATIONS
DO YOU HAVE?**

What's one thing you'll take away from this presentation that will positively impact the care you provide?

Q & A

THANK YOU!!!!

References

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