

**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](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)

- **A**ge and generational influences
- **D**isability status (developmental disability)
- **D**isability status (acquired physical/cognitive/psychological disabilities)
- **R**eligion and spiritual orientation
- **E**thnicity
- **S**ocioeconomic status
- **S**exual orientation
- **I**ndigenous heritage
- **N**ational origin
- **G**ender
- 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

- <http://www.attcnetwork.org/regcenters/generalContent.asp?rcid=12&content=STCUSTOM3>
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