LGBTQ+ BRINGING INCLUSIVITY AND CULTURAL COMPETENCY

BRINGING COLOR TO THE RAINBOW

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and

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Objectives

- Increase LGBTQ Cultural Competency
- Identify the differences between Sexual Orientation, Gender Identification, and Gender Expression
- Advocating for Change
- How to be a Culturally Aware Clinician

WHY IS THIS TOPIC RELEVANT?

- Research indicates higher levels of alcohol and drug abuse among these LGBTQ populations compared to their heterosexual and cis-gendered counterparts
- Supporting clients may be complicated by issues of family rejection, lack of social support, stigma and minority stress, as well as abuse and harassment
- Transgender female (MTF) clients are at the highest risk especially transgender women of color, and have increased health concerns such as violence, homelessness, mental health issues, substance abuse, and risk for – and incidence of – HIV
- "Reparative" or "conversion" therapy is a dangerous practice that targets LGBTQ youth and seeks to change their sexual or gender identities. Minors are especially vulnerable, and conversion therapy can lead to depression, anxiety, drug use, homelessness, and suicide.

SUBSTANCE USE DISORDERS AND THE LGBT COMMUNITY

- 68% of adolescent gay males use alcohol and 44% use other drugs. 83% of lesbians use alcohol and 56% use other drugs.
- According to a 2005 report, alcohol dependence is greater among LGBTQ people, especially for women. The report emphasizes the need for including sexual orientation as a subgroup when monitoring alcohol abuse in population studies.
- In 2018 a study confirmed LGBTQ people who experience discrimination are **4** times more likely to have substance use disorders.
- A 2004 study found that "mostly homosexual" adolescent lesbian and bisexual girls are more likely to use than their heterosexual counterparts.
- A 2002 study found that LGB students who are victims of violence at school have elevated risk of substance abuse.

LGBT'S EXPERIENCES WITH TREATMENT PROVIDERS

- Only 1/3 of treatment facilities maintain an environment that is non-heterosexist and affirming of this population.
- The counselor's gender and sexual orientation influences successful treatment experiences and outcomes
- LGBTQ counselors are more affirmative than heterosexual counselors.

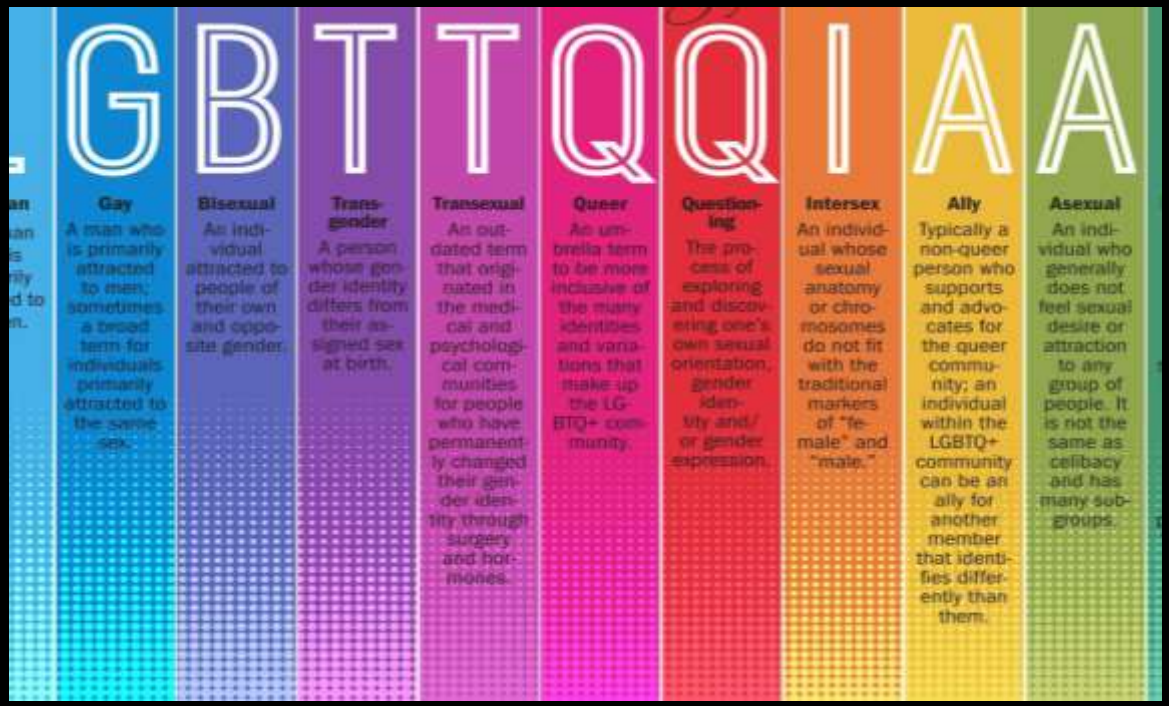
***POP QUIZ ***
HOW MANY LETTERS IN THE ACRONYM CAN YOU NAME?

TAKE 2-5 MINUTES AND WRITE DOWN HOW MANY LETTERS YOU KNOW AND WHAT EACH STANDS FOR

LGBTQQIAA

LGBTQQIAAP

- **L**esbian
- **G**ay
- **B**isexual
- **T**ransgender
- **Q**ueer
- **Q**uestioning
- **I**ntersex,
- **A**lly
- **A**sexual
- **P**ansexual



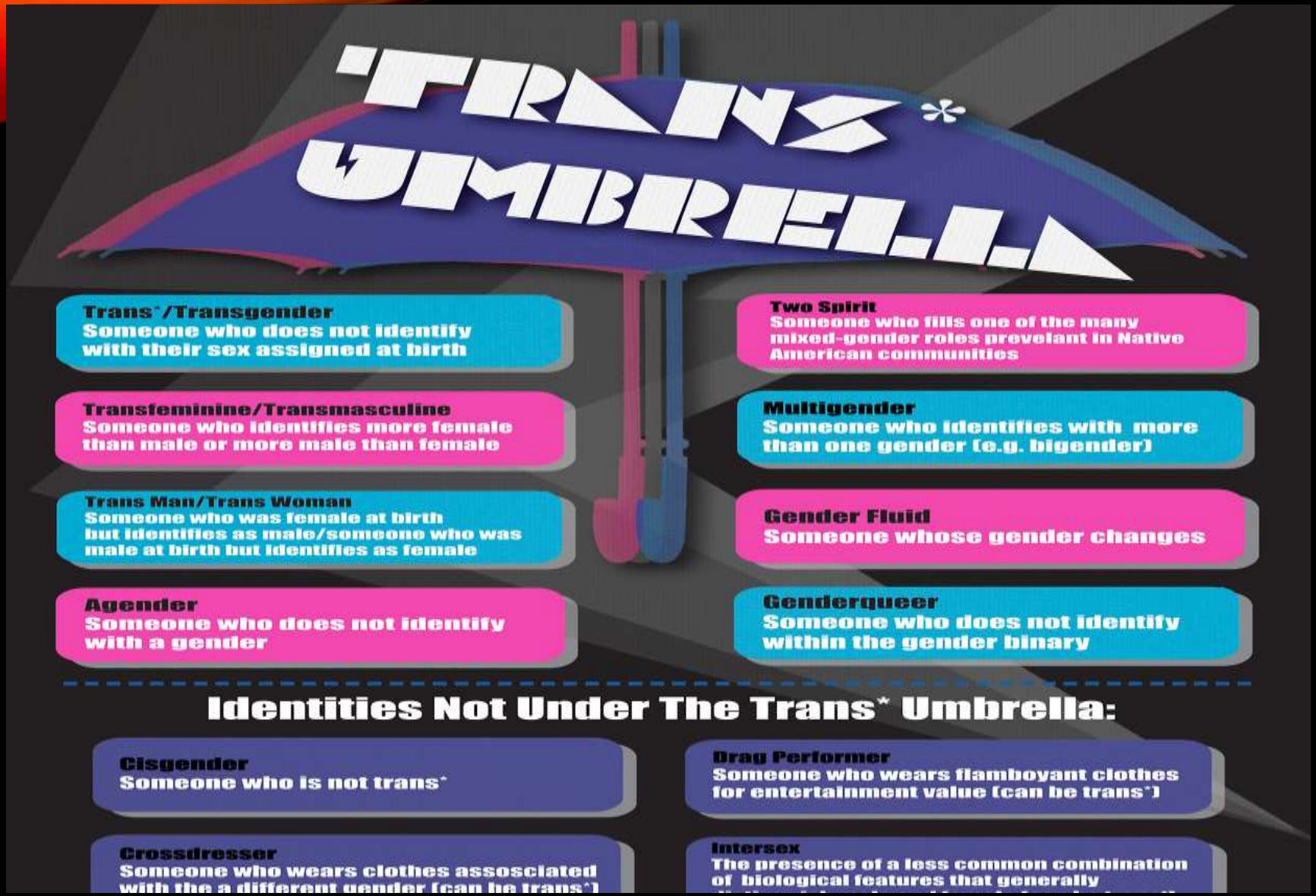
UNDERSTANDING GENDER IDENTITY

- For many, the acronym LGBT reflects a community of individuals who, in some way, are attracted to members of the same sex.
- However, many people fail to realize that the "T" in the acronym does not relate to sexual attraction at all; rather, it refers to a person's sense of gender (referred to as gender identity).

"It's not what is between my legs that matters, it's about what is between my ears."
Domonique Jackson 2020

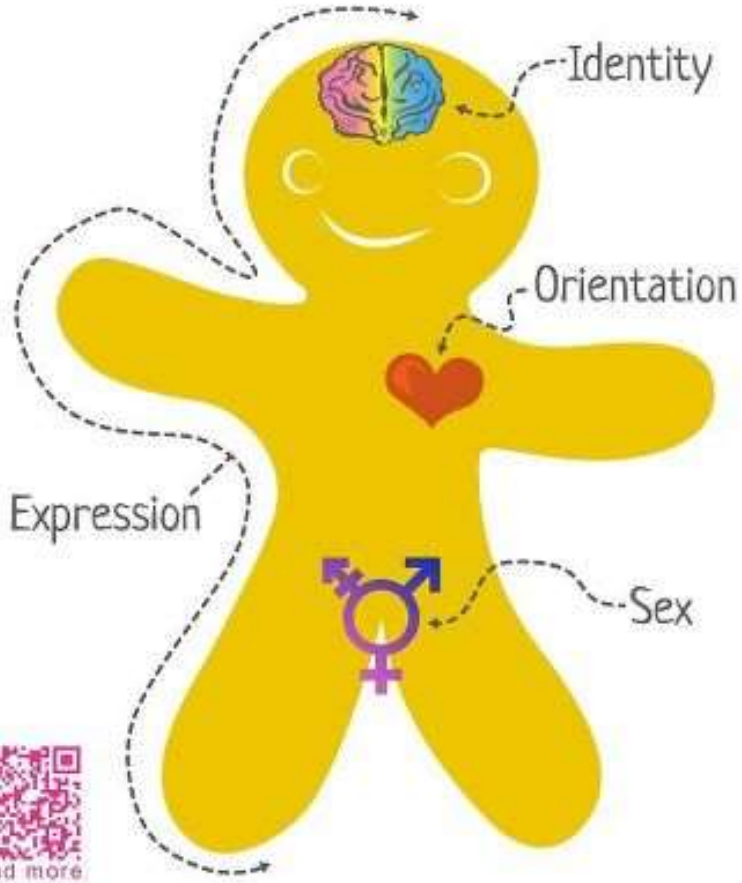
TRANSGENDER

- **Transgender** people have a gender **identity** or gender expression that differs from the sex that they were assigned at birth.
- **Gender expression** can include clothing, hairstyle, mannerisms, way of walking, preferred sitting positions, speech, etc. (external).
- **Gender identity** includes how one feels on the inside (internal).
- **Trans** is an umbrella term that can also describe someone who identifies as a gender other than woman or man, such as non-binary, genderqueer, genderfluid, or some other gender identity. **Note**: Transvestite is an outdated and non-affirming description.


TRANS* UMBRELLA
Trans*/Transgender
Someone who does not identify with their sex assigned at birth
Transfeminine/Transmasculine
Someone who identifies more female than male or more male than female
Trans Man/Trans Woman
Someone who was female at birth but identifies as male/someone who was male at birth but identifies as female
Agender
Someone who does not identify with a gender
Two Spirit
Someone who fills one of the many mixed-gender roles prevelant in Native American communities
Multigender
Someone who identifies with more than one gender (e.g. bigender)
Gender Fluid
Someone whose gender changes
Genderqueer
Someone who does not identify within the gender binary
Identities Not Under The Trans* Umbrella:
Cisgender
Someone who is not trans*
Crossdresser
Someone who wears clothes assosciated with the a different gender (can be trans*)
Drag Performer
Someone who wears flamboyant clothes for entertainment value (can be trans*)
Intersex
The presence of a less common combination of biological features that generally

The Genderbread Person

by www.ItsPronouncedMetrosexual.com



Gender Identity

Woman — Genderqueer — Man

Gender identity is how you, in your head, think about yourself. It's the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Gender Expression

Feminine — Androgynous — Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Biological Sex

Female — Intersex — Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

Sexual Orientation

Heterosexual — Bisexual — Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.

TRANSGENDER EXPERIENCES AND CHALLENGES IN TREATMENT

- Clients are addressed with their "dead name" and not by the name they identified with
- They use bathrooms and dormitories that are assigned to their physical gender
- Wearing clothes associated with their physical gender and restricted from wearing makeup and appropriate supportive undergarments
- Discontinuance of hormone therapy while in treatment
- Trans women have a higher rates of sexual and physical assaults while in male dormitories
- More likely not to seek treatment
- Stripped of their identity

Advocates

- Supports and stands for the rights of LGBTQ people.
- Aline their position in a society to fight homo-, bi-, trans-phobias.
- Believes LGBTQ persons face discrimination and thus social and economic disadvantages
- Recognizes the Inherent Humanity and Inter-connectedness of every person.
- Advocates for equal treatment, rights, and opportunities.

COMPETENT ALLY'S WILL…

- **Promote** atmosphere of respect
- **Use** inclusive & respectful language
- **Be** a safe & open-minded person to talk with
- **Object** and eliminate stereotypical jokes
- **Confront** your own prejudices
- **Encourage** education regarding LGBTQ topics
- **Advocate** for competencies in working with LGBTQ persons
- **Ensure** clinical paperwork is inclusive and affirmative
- Self-identify personal pronouns

ALLY DEVELOPMENT MODELS COMMON THEMES

1st Stage - non-acknowledgement of LGBTQ issues, no extended communication with LGBTQ persons, may perpetuate discrimination

2nd Stage - acknowledgement of LGBTQ issues but unsure how to advocate; may feel embarrassed or ashamed of heterosexual privilege or of previous thoughts/feelings regarding LGBTQ issues; begins to seek out opportunities to learn expand knowledge

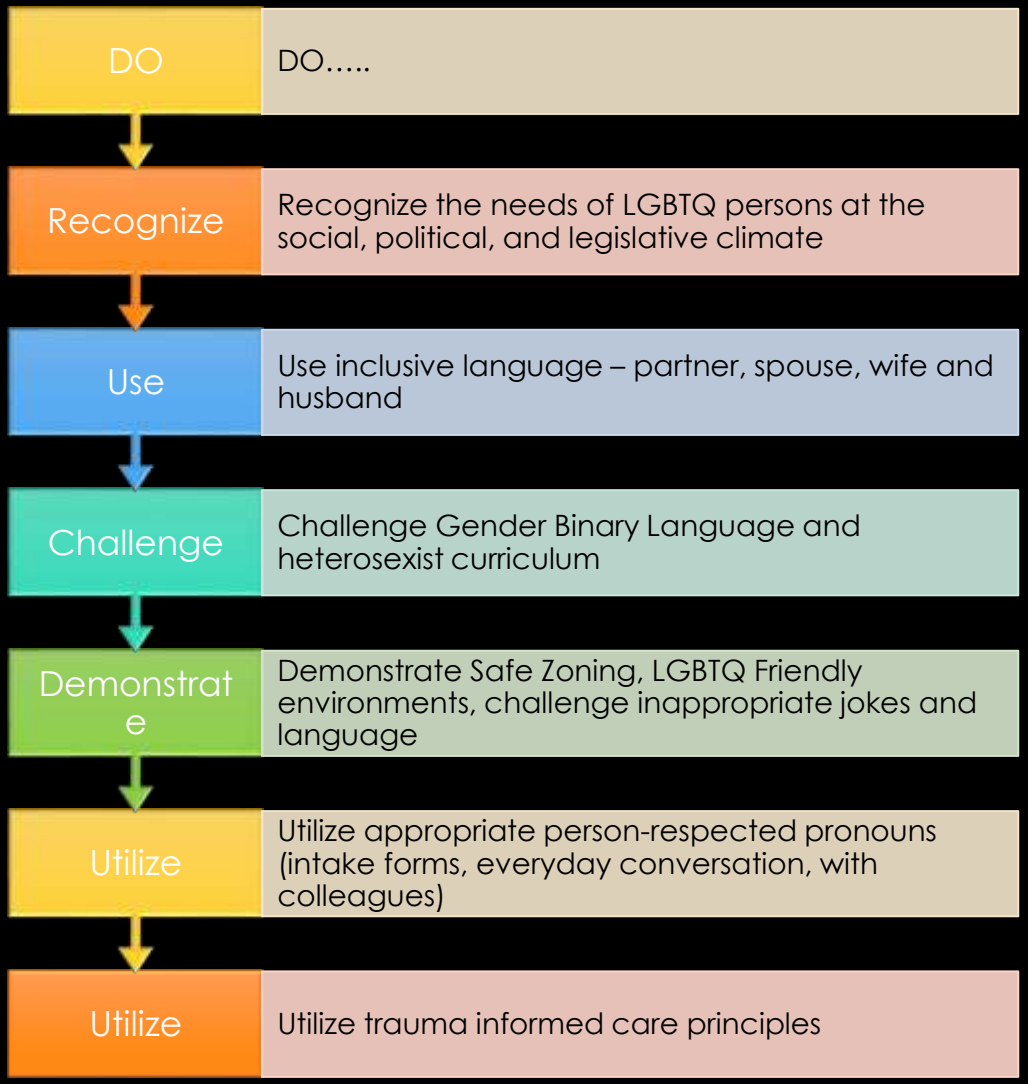
3rd Stage -closely affiliates/allies with LGBTQ persons and is aware of issues surround LGBTQ community; excited to expand their perspective and deepen understanding of LGBTQ issues

4th Stage - nurtures their relationship with LGBTQ persons; actively finds ways to advocate for LGBTQ issues; continuously works from an LGBTQ-Affirmative perspective; takes pride as an ally

CULTURALLY AWARE CLINICIANS

DO	DO NOT……..
Participate or ignore	Participate or ignore inappropriate language, jokes, or micro-aggressive behaviors.
Let	Let homophobic comments slide
Tolerate	Tolerate trans comments
Ask	Ask personal physical or sexual questions of LGBTQ persons
Minimize	Minimize the experience of persons who feel marginalized
Assume	Assume how a person identifies or wants to be addressed based on their presentation or born gender

CULTURALLY AWARE CLINICIANS



LGBTQ MEDIA/RESOURCES/CITES

Human Rights Campaign - https://www.hrc.org/

The Trevor Project https://www.thetrevorproject.org/

Queer 12 Step Meetings https://www.gayandsober.org/onlinemeetings

PFLAG - https://pflagsanantonio.org/

Queer and Sober - https://www.gayandsober.org/mission

SA Pride Center - https://pridecentersa.org/

Thrive Youth Center - https://www.thriveyouthcenter.org/

Trans Allies SA - https://www.transalliessa.com/

Woodlawn Pointe Living Church San Antonio

CULTURALLY SENSITIVE CLINICIAN

- Modern attitudes toward homosexuality, including those in psychotherapy, have religious, legal, and medical underpinnings, and prejudice and misinformation have prevailed over accurate information for decades. We have certainly made strides, but we have "a long way to go baby"!

- Given this history of pathologizing homosexuality, LGBTQ clients are often understandably wary of therapy. This portion of our presentation provides additional clarity and focus on Gay Affirmative Therapy and enhances understanding, insight, and mitigates any personal challenges and biases your may notices in treating LGBTQ+ individuals and ensures a trauma informed practice.

- It is vital to understand the history of psychotherapy for our LGBTQ clientele. It is also crucial to remember that, like all other clients, most LGBTQ+ clients seek therapy for help in dealing with their presenting problems –they do not want to bothered with what YOU might do or feel about their sexual orientation. It is crucial to recognize not all LGBTQ+ clients seek help for anything connected with or related to their sexual orientation—but rather for the same issues cisgender persons seek therapy. Clinicians who are unaware of any inherent biases / prejudices often mistake this fact, and want to solely focus on LGBTQ issued in therapy, thus doing a grave disservice to people.

GAY AFFIRMATIVE THERAPY

> "It is prejudice to be only gay friendly. You must be gay informed". (Joe Kort)

Many straight clinical/healthcare providers often "say" they are "gay affirmative" by saying things like "I'm open minded", however, that comes from an uninformed place. To be uniformed is a form of prejudice and a microaggression by omission. Having a healing stance in the therapy process *does* help relieve some of the distorted thinking that most clients bring into their treatment experience, however, being affirmative *without* being informed about the specific issues of LGBTQ+ individuals limits your overall clinical effectiveness.

- GAT was first coined by Alan Malyon (article 1982). His concept advocated improving the lives of lesbians and gay men without regarding homosexuality as pathological.

- GAT takes the position that there is **nothing** inherently wrong with being LGBTQ+. What is wrong is what is *done* to LGBTQ individuals by a homophobic society and heretorosexist therapy.

- GAT moves the needle for LGBTQ+ clients from a shame based perspective to one of pride.

"HOMO-WORK" FOR THE STRAIGHT THERAPIST

- IMAGINE if you will…..
- *Checking your biases and countertransference*
- Ask yourself:
  - Do I question the origins of how my clients became LGBTQ? If not aloud—to myself?
  - Do I think LGBTQ persons should not tell others they're LGBTQ unless someone ask?
  - How do I really feel about gay marriage?
  - How do I really feel about LGBTQ parenting?
  - How comfortable am I speaking with a 5-15 year old about the possibility they are LGBTQ?
  - Do I think it is possible for a child to <u>know</u>? If so—at what age?
  - LGBTQ people are "that way" because of some past sexual trauma?
  - LGBTQ people are "too promiscuous"
  - Being LGBTQ is "just a phase".
  - People are LGBTQ because they were "taught to be".

TRAUMA

- ALL LGBTQ children are touched to one degree or another by neglect stemming from the invisibility of their sexual and gender orientation. This can be traumatic. How one is affected and how it manifests, depends on the individual, his/her personality, and the family of origin.
- When working with LGBTQ clients, it is important to assess and treat them through the lens of the effects of the trauma of homophobia, heterosexism and microaggression.

- Bessel van der Kollk warns in his book *Traumatic Stress: The Effects of Overwhelming Experience on Mind, Body, and Society* (1996):
    - "If clinicians / providers fail to pay attention to the contribution of past trauma to the current problem in patients with these diagnosis, they may fail to see that people tend to organize much of their lives around repetitive patterns of reliving and warding off traumatic memories, reminders and affects".

- A provider's attitude toward traumatic symptoms will determine his or her approach to treating clients. This is why it is crucial to understand the trauma that has overwhelmed your LGBTQ+ clients, whether or not they report it. Many won't even view past events as trauma at all, or if they do acknowledge trauma, they may be "stuck" in "it's all the in past and over" mindset. If left unresolved,, the effects of trauma repeat themselves.
- Have a discerning eye-out as a treatment provider for this likelihood; it is the best way to help your LGBTQ+ clientele. Keep in mind that most gay people have been enormously, if not consciously, traumatized by the social pressure they felt to identify and behave as heterosexual.
- IMAGINE ONCE AGAIN

- As a clinician/provider, you may know already that the effects of trauma surface at different times—and sometimes not for years.
- For LGBTQ clients, trauma symptoms reveal themselves most dramatically when clients are repressing their sexual orientation and gender identify, or attempting to come out. The more they push themselves, or are pressured toward staying in or coming out, the more they will have to struggle with trauma symptoms.
- Note: staying in the closet is prolonged trauma. The coming out process reactivates all the trauma that was suppressed-which is one of the reasons coming out is so difficult. Once an individual comes out and is fully self-actualized as an LGBTQ person, symptoms of trauma abate.

TRAUMA MANIFESTS IN SECRET KEEPING

- To help restore LGBTQ individuals to intact functioning requires clinicians to learn to discern how the trauma is acted out, as it can be very subtle and in fact, client's may themselves not even know consciously.
- A profound similarity between LGBTQ individuals and sexual abuse survivors is the sexual "secret keeping". Like sexual abuse survivors, LGBTQ people are taught that their sexuality is 'their fault" and that if "they tell" in some way, they "will be harmed".
- Silence is often rewarded by the dominant mainstream culture, and hiding becomes a way of life; Silence is NOT Golden. Silence only continues to perpetuate loneliness, isolation, addictions, fear, low self-worth, hopelessness, depression, increased SIB / suicidality and shame. LGBT individuals think there must e something "wrong with me" and that the abuse is somehow "my fault" in the same manner as sexual assault survivors.

TRAUMA AND COGNITIVE DISTORTIONS

- 1. PRETENDING NOTHING IS WRONG: evidence is clear that early in life, LGBTQ children learn to cover up anything that suggests in any way they may "be gay". This is when LGBTQ's begin living "out of integrity", which can then be a "rewarded" way of life. However, the longer one lives out of integrity with themselves and others, the more it impacts and impeded other areas of their lives.
- 2. SELF-PERCEPTION as HOPELESSLY FLAWED: underlying internal messages early on in the coming out process such as "my identity—who and what I am—is inherently wrong". Clinicians ability to explore underlying feelings about why an individual does not wish to be "seen" in this way, may reveal deep rooted core feelings / beliefs of "being flawed". If not addressed , these deep core issues, often continue to resurface with additive behaviors, SIB and/or suicidality, sexually acting out, and overall impulsive behaviors, and increase one's ability to develop skills to affectively regulate in an adaptive manner.

- 3. CONFUSION about SEXUAL ORIENTATION: childhood sexual abuse will ***disorient*** you—not sexually orient you. In other words, sexual abuse does NOT shape someone's sexual orientation, and yet, many clients present in therapy / treatment questioning whether past sexual trauma "led to" and left wondering "if not for the sexual abuse—would I be heterosexual"?.
- 4. SELF-HATE and SELF-BLAME: LGBTQ individuals internalize the hate we see, hear and read about. This is termed internalized homophobia. Note there are strong connections and correlations to substance abuse, unsafe sexual practices and other self destructive and/or self-injurious behaviors.

> *Traumatized people find themselves reenacting some aspect of the trauma scene, perhaps in a disguised form, without realizing they are doing it*".
> (Herman, 1992, pg. 40)

DYSFUNCTIONAL COPING MECHANISMS

- 1. **Displacement**: a client may divert or channel innate impulses into some other fixation that is "easier" to accept or "explain away". (i.e. abused child fixated on studying /burying head in books).
- 2. **Repression**: block feelings of emotional arousal one would experience if they let in the information.
- 3. **Overcompensation**: being "the best boy / girl", excelling at "everything". I.E. hypermasculine gay male excelling at sports to avoid bullying / labeled as gay.
- 4. **Dissociation**: when a person isolates the memory of the painful event and stores it in another compartment of the mind, along with associated strong feelings and emotions. LGBTQ children may dissociate by going into a "heterosexual trance", denying any gay feelings / impulses and presenting externally as straight.

TREAMENT MODALITIES

- EMDR: Eye Movement Desensitization and Reprocessing
- CPT: Cognitive Processing Therapy
- Somatic Exposure:/ Prolonged Exposure
- TF-CBT / Narrative Therapy
- Traditional CBT
- Motivational Interviewing

LGBTQ+ RESILENCE

- LGBTQ resilience—what's it all about? Desired outcome of Tx is:
  - It's about allowing your clients to come out to themselves, and then to others, on their own timeline. It's about recognizing the evolution of gender and sexuality across a lifetime—as who one is changes over time, and that is something to stand up for!
  - Resilience is <u>us</u> assisting our clients in finding a positive mirror and using it—to be a true reflection as allies, loved ones, providers, neighbors, community members; that we celebrate each individual's UNIQUENESS and embrace and affirm who they are as an authentic person and not diminish or shame or reject.
  - It's about ensuring you listen and provide a safe space - always!
  - To strengthen client's resilience, it means enhancing one's own sense of agency. Resilience means we **BOUNCE** back and **Fuel HOPE -** for our clients, for ourselves, and for a better future for everyone.

“No one is born hating another person because of the color of his skin, or his background, or his religion. People must learn to hate, and if they can learn to hate, they can be taught to love, for love comes more naturally to the human heart than its opposite.”

* Nelson Mandela

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