



# LGBTQ 102

Theory, Practice, and Intersectionality



# OBJECTIVES

1. List and describe three major LGBTQ-specific clinical theories
2. Describe personal biases and cultural stereotypes that may hinder the therapeutic relationship
3. Demonstrate knowledge related to theory, practice, intersectionality, and countertransference via clinical vignettes

# SCHEDULE

Topic/Activity	Time
Introduction	1:30 – 1:40
Pretest/Myths and Stereotypes	1:40 – 2:15
Theory	2:15 – 3:15
Break	3:15 – 3:25
Practice	3:25 – 4:00
Case Vignettes	4:00 – 4:35
Questions/Closing/Post-test	4:35 – 4:50
Evaluation	4:50 - 5:00

# MYTHS AND STEREOTYPES

- Being a member of the LGBTQ community makes you more competent to provide services to LGBTQ clients.

# MYTHS AND STEREOTYPES

- A child is too young to really know that they are transgender.

# MYTHS AND STEREOTYPES

- Conversion therapy is a practice from the past that was used when homosexuality was still in the DSM.

# MYTHS AND STEREOTYPES

- Transgender men are really butch lesbians who want to have male privilege.

# MYTHS AND STEREOTYPES

- You should always come out to your clients.



# MYTHS AND STEREOTYPES

- What other myths and stereotypes have you heard?
- How do these influence the way you work with your clients?
- Are there any myths or stereotypes that are hard to shake?
  - If so, what do you make that mean?



# THEORY

- Meyer's Minority Stress
- Microaggressions
- Social Justice Framework

# MEYER'S (2003) MINORITY STRESS

- **Internalized Homophobia/Biphobia/Transphobia**
  - Negative attitudes and beliefs about one's self or others in the LGBTQ community
- **Expectations of Rejection**
  - Elevated sense of being discriminated against
- **Concealment of Identity**
  - Active process of hiding one's sexual orientation and/or gender identity
- **Actual Experiences of Discrimination**
  - Hate crimes, housing discrimination, bullying, laws, and more

# MEYER'S (2003) MINORITY STRESS

- These components have been associated with increased rates of:
  - Substance abuse
  - Eating disorder behavior
  - Depression
  - Anxiety
  - Self-harm behavior
  - High-risk sexual behavior
  - Suicide attempts

# MEYER'S (2003) MINORITY STRESS

- Remember that internalized homophobia/transphobia, expectations of rejection, and concealment are often rooted in lived discriminatory experiences
  - We can not reject these as merely maladaptive thinking patterns
  - Instead we must work to understand the underlying stressors and discriminatory practices
- Though we often focus on the micro-level, we can not forgot the role of institutional rules, politics, and social-cultural norms

# MICROAGGRESSIONS

- “Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults towards members of oppressed groups” (Nadal et al., 2011)
- Intersectional Microaggressions: “microaggressions that are encountered as a result of one’s intersectional or multiple identities” (Nadal, 2013)

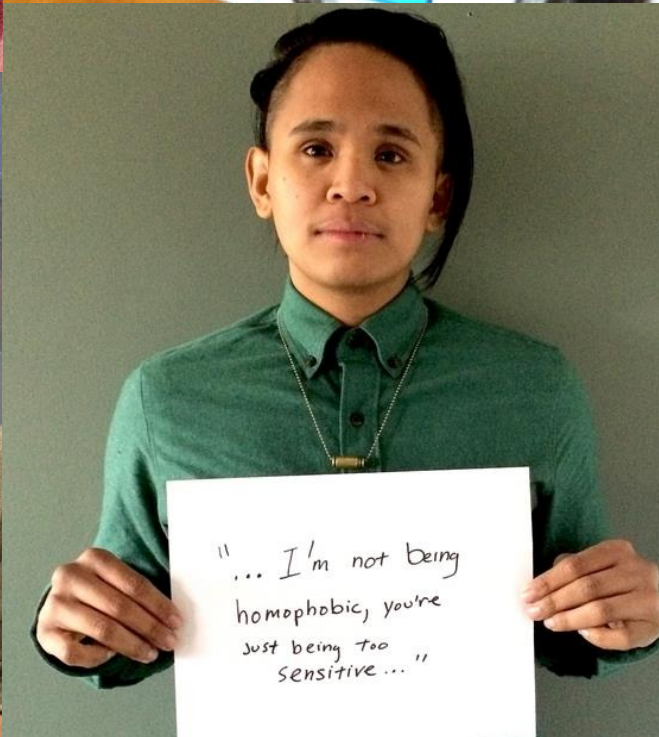
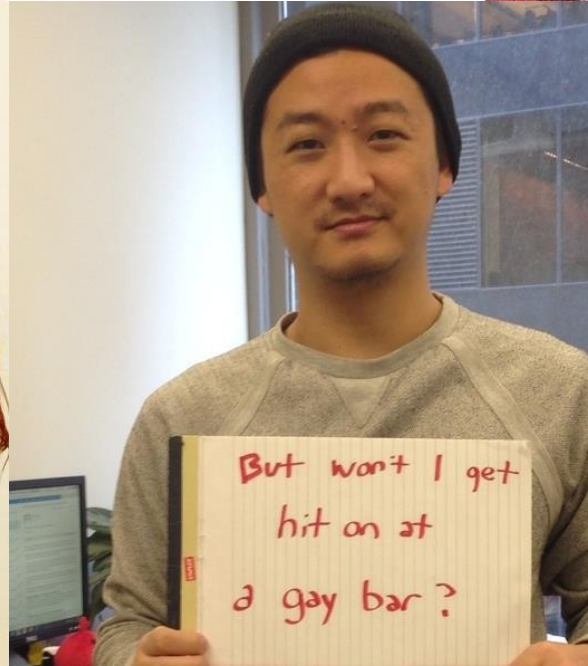
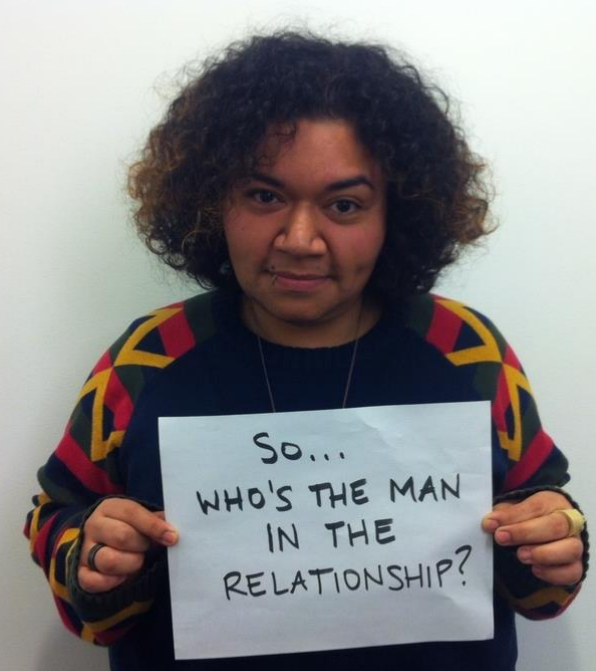
# MICROAGGRESSIONS

## **Sexual Orientation microaggressions:**

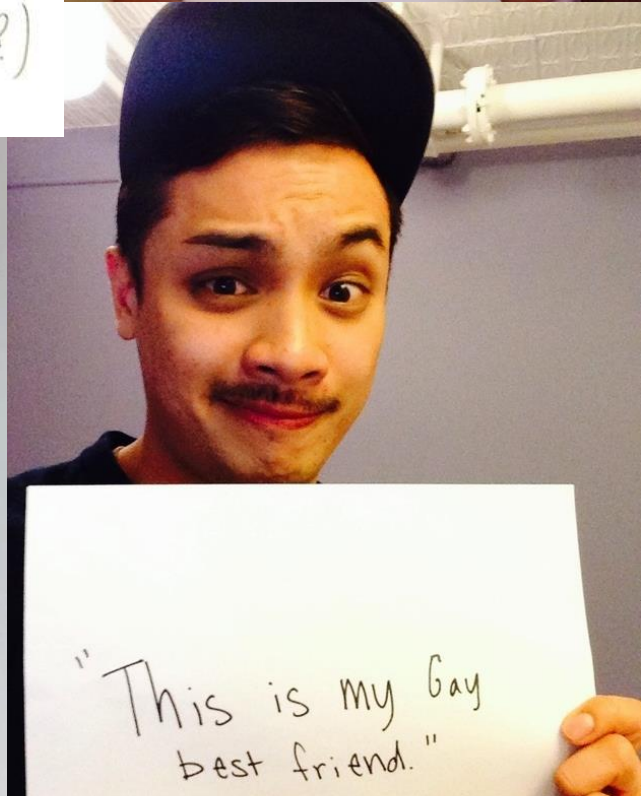
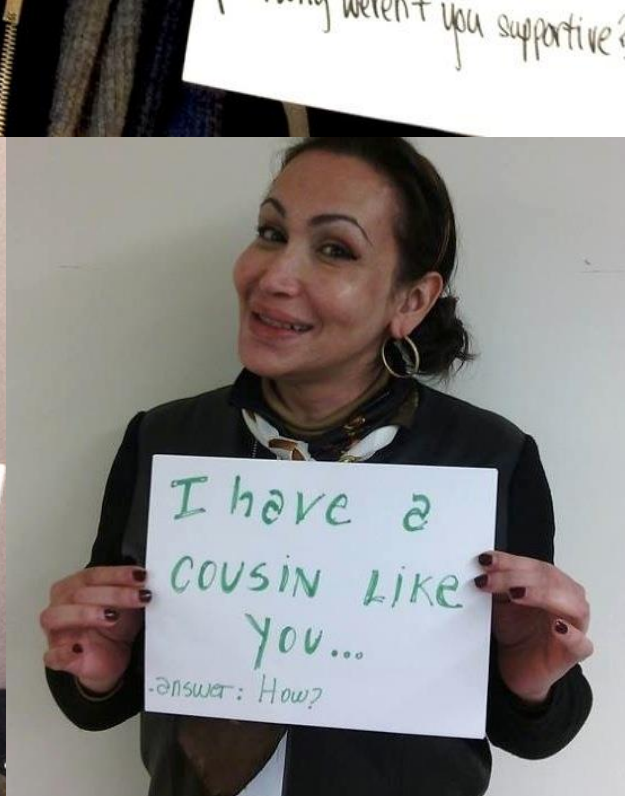
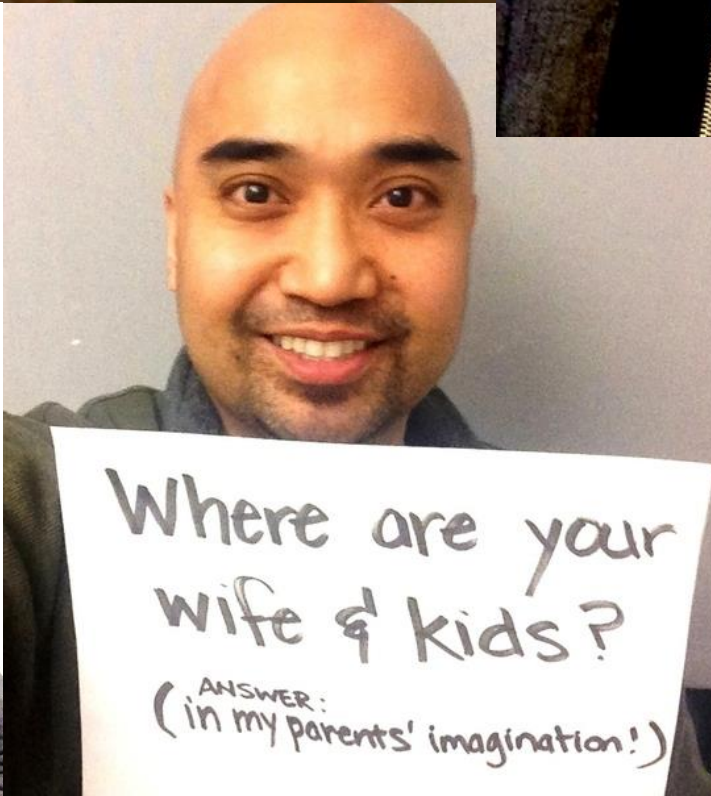
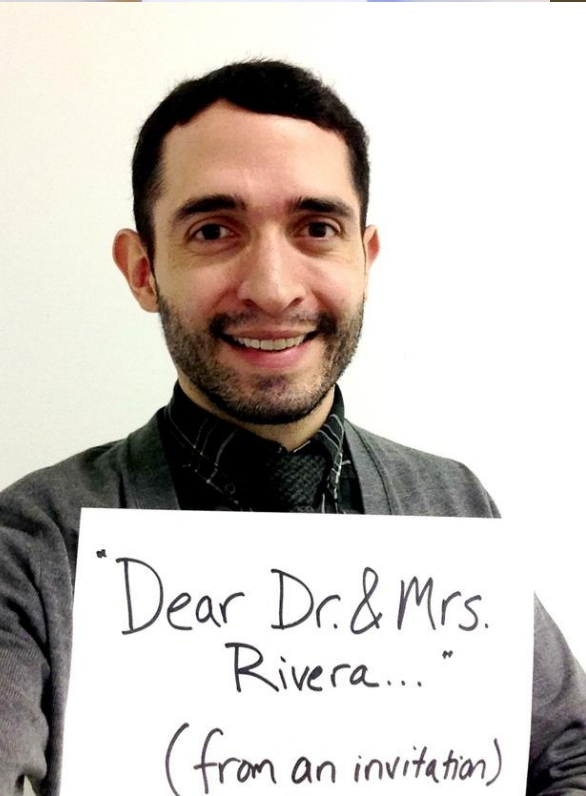
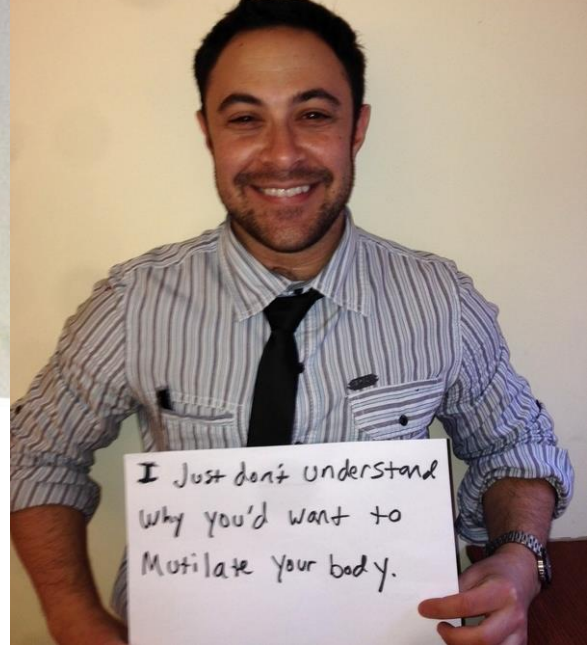
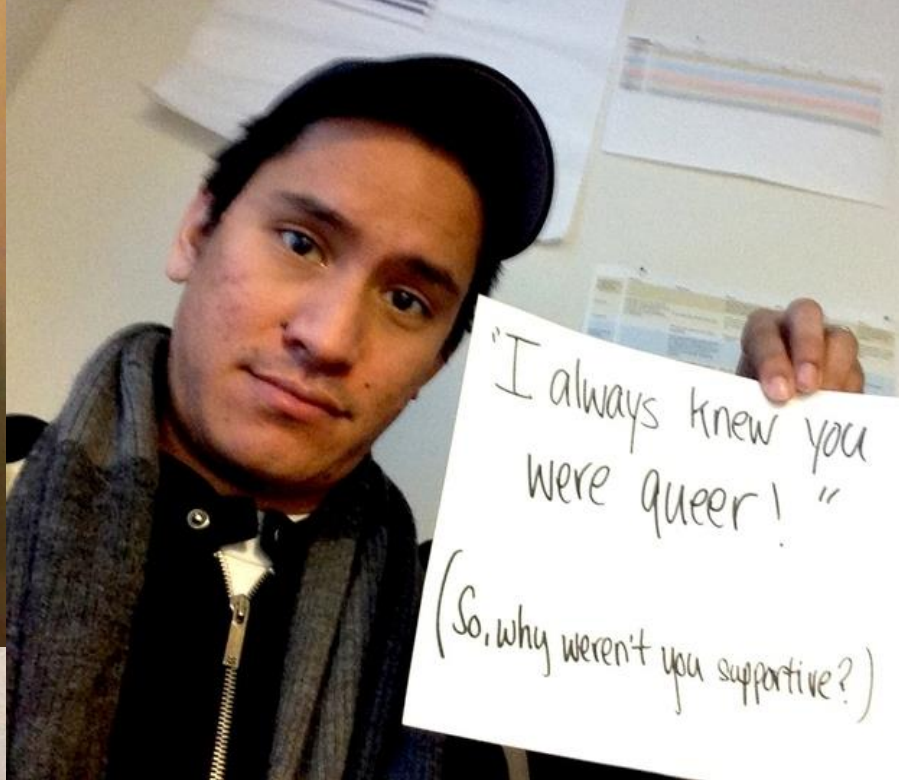
- Use of heterosexist terminology
- Endorsement of heteronormative culture/behavior
- Assumption of universal LGBT experience
- Exoticization
- Discomfort/disapproval of LGBT experience
- Denial of the reality of heterosexism
- Assumption of sexual pathology/abnormality
- Threatening behaviors

## **Transgender and Gender-Nonconforming microaggressions:**

- Use of transphobic and/or incorrectly gendered terminology
- Endorsement of gender-normative and binary culture/behavior
- Assumption of universal transgender experience
- Exoticization
- Discomfort/disapproval of transgender experience
- Denial of the reality of transphobia
- Physical threat and harassment







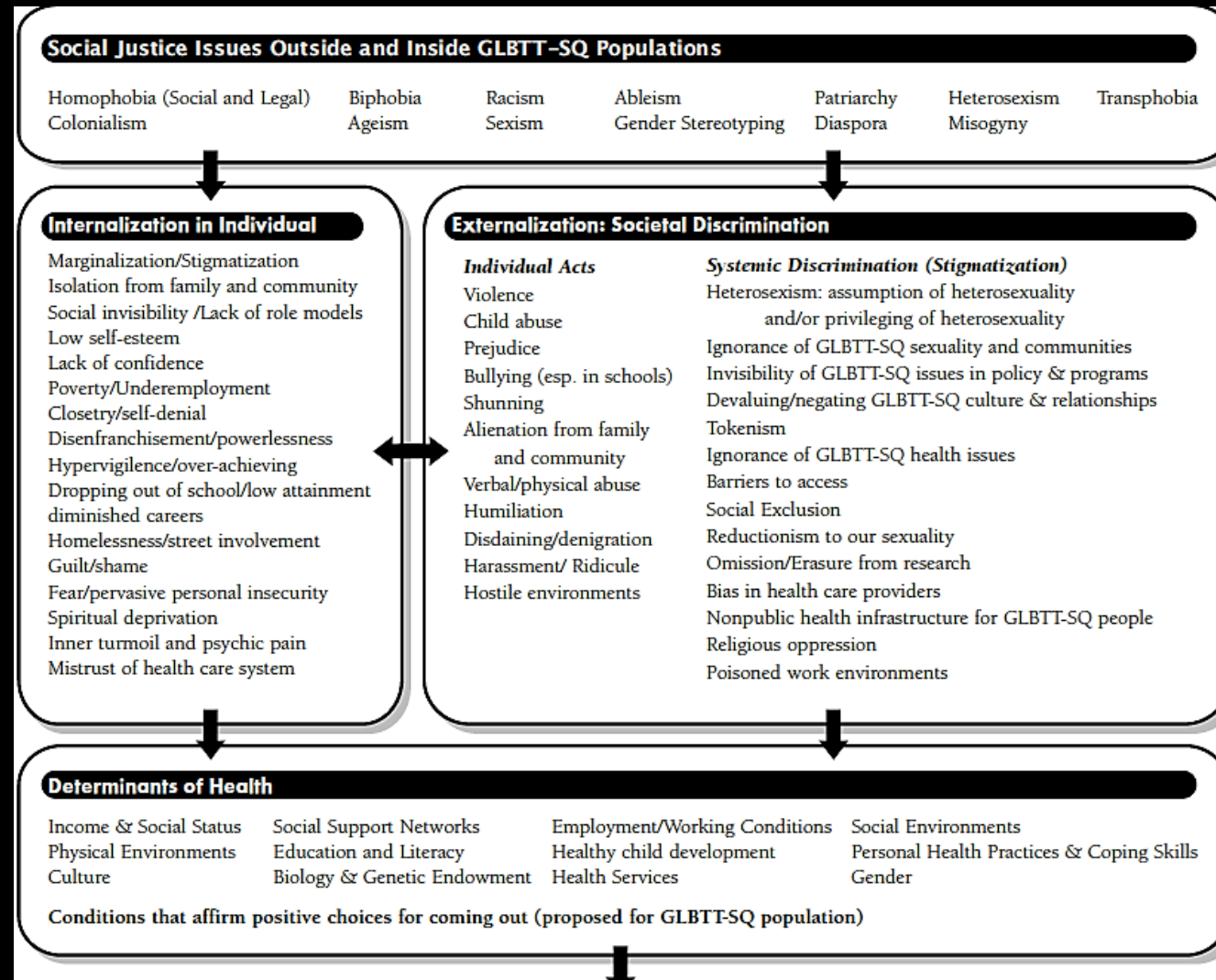
# INTERSECTIONAL MICROAGGRESSIONS

- Balsam, Molina, Beadnell, Simoni, and Walters (2011) created the LGBT People of Color Microaggressions Scale which helps understand:
  - Racism in the LGBT communities
  - Heterosexism in racial/ethnic minority communities
  - Racism in dating and close relationships
- Nadal et al. (2012) found themes related to the:
  - Assumption of gender-based stereotypes for lesbians and gay men
  - Disapproval of LGBT identity by racial, ethnic, and religious groups
  - Invisibility and desexualization of Asian American men

# MICROAGGRESSIONS

- Be aware of our own language
- Look for teach able moments, especially in the work place to increase acknowledgement of microaggressions and increase comfort of LGBTQ individuals
- Take time to acknowledge when you commit microaggressions and address it with colleagues and clients
  - Even the best of allies make mistakes
  - Being defensive is often interpreted as invalidating

# SOCIAL JUSTICE FRAMEWORK



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## Determinants of Health

Income & Social Status	Social Support Networks	Employment/Working Conditions	Social Environments
Physical Environments	Education and Literacy	Healthy child development	Personal Health Practices & Coping Skills
Culture	Biology & Genetic Endowment	Health Services	Gender

Conditions that affirm positive choices for coming out (proposed for GLBTT-SQ population)

## Vulnerability/Susceptibility

### Individual

Chronic anxiety/stress  
 Depression/despair  
 Social isolation and lack of community  
 Suicidal ideation, contemplation and attempts  
 Addictive behaviors (alcohol, party and injection drugs, sex, tobacco)  
 Sexual risk taking  
 Sexual exploitation  
 Eating disorders  
 Denial of sexual self

### Systemic

Mental Health problems  
 Lack of appropriate medical/health/social services  
 Invisibility in/exclusion from health promotion  
 Obstacles to accessing health and social services  
 Insufficient prevention initiatives  
 Mistrust of health-care system  
 Delayed seeking of health care and treatment  
 Inappropriate/inadequate health and social care provision  
 Lack of GLBTT-SQ community resources

## Known Outcomes—GLBTT-SQ Health Disparities

Increased suicide rates: at least 3X in GLBT youth, 14X in gay men

Higher smoking rates: 50% for gay men and 100% for lesbians

Increasing rates of HIV in gay men/youth

Higher rate of depression— 3 to 5 times greater than in heterosexuals

Higher rates of violence: 70% GLBT have been verbally abused and 25% have been physically abused

Higher rates of alcohol use: estimated 30% of GLBT adults have problem with alcohol

Higher rates of STIs in gay men and transpeople

Higher rates of Hepatitis A & B in gay men/youth

Higher rates of unmet health care needs in GLBT people (21.8%) compared to heterosexuals (12.7%)

Increased anal cancer: 80X more common in gay and bisexual men

Higher levels of eating disorders in gay men

Higher rates of homelessness and street involvement in GLBT youth

Higher rates of sexual abuse in GLBT youth

**Cost of Social Exclusion: 5,500 premature deaths in Canada and \$8B in costs annually**

# PRACTICE

- Klein's Sexual Orientation Grid
- Passing the Test
- Using Cultural Humility to Address
  - Stereotypes
  - Personal bias
  - Countertransference

## The Klein Sexuality Grid

	Variable	Past	Present	Ideal
A	Sexual Attraction			
B	Sexual Behavior			
C	Sexual Fantasies			
D	Emotional Preference			
E	Social Preference			
F	Heterosexual/Homosexual Lifestyle			
G	Self Identification			

For Variables A to E:

- 1 = Other sex only
- 2 = Other sex mostly
- 3 = Other sex somewhat more
- 4 = Both sexes
- 5 = Same sex somewhat more
- 6 = Same sex mostly
- 7 = Same sex only

For Variables F and G:

- 1 = Heterosexual only
- 2 = Heterosexual mostly
- 3 = Heterosexual somewhat more
- 4 = Hetero/Gay-Lesbian equally
- 5 = Gay/Lesbian somewhat more
- 6 = Gay/Lesbian mostly
- 7 = Gay/Lesbian only

# PASSING THE TEST

- LGBTQ clients may not feel comfortable expressing and discussing themselves until they feel that you will accept them AND if you have the specific knowledge to help them
- Strategies:
  - Curiosity
  - Empathy
  - Knowledge about their communities and identities
  - Understanding the impact of minority stress



# PASSING THE TEST

- Signs that you have “Passed the test”
  - Less guarded
  - Speaks more freely
  - Express difficult emotion
  - Be more willing to discuss conflicts and meanings
  - Explore new ways of coping



# CULTURAL HUMILITY

A stance of humility and openness in understanding the cultural perspective and experiences of others and oneself

The “ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of **cultural** identity that are most important to the [person].”

# CULTURAL HUMILITY

## **Four Guiding Principles:**

- Self reflection and life-long learning
- Patient focused interviewing and care
- Community based care and advocacy
- Institutional consistency

# SELF-REFLECTION ON OUR BIASES

- Exploring our complex cultural selves:
- Values
- Attitudes
- Beliefs
- Practices
- Rituals

That grow from the groups with which we identify. (Tervalon, Melanie, MD, MPH)

# CULTURAL HUMILITY

Cultural Humility is a stance and way of being in the world that requires curiosity, groundedness, mindfulness, flexibility, openness, empathy, and humility

1. What are the obstacles that may prevent you from maintaining this way of being?
2. What can help you overcome these obstacles?

# CASE VIGNETTES

- Break up into small groups
- Read and discuss vignette
- Reflect on your own personal biases, competence, and questions you would ask yourself before meeting this client
- Answer the following questions among yourself:
  - What are your initial opinion regarding the presenting issue?
  - What are some common stereotypes at play here?
  - How would you “pass the test” and address concerns related to LGBTQ identity?
  - Using the theories we discussed, what are some possible hypotheses you would want to peruse?
  - How would you address these concerns?



# CLOSING/QUESTIONS

Post-test and Evaluation