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
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<tr>
<td>Pretest/Myths and Stereotypes</td>
<td>1:40 – 2:15</td>
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<td>Theory</td>
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<td>Break</td>
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<td>Practice</td>
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<td>Case Vignettes</td>
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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.
• 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 forget 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
So... who's the man in the relationship?

You're bisexual?

Doesn't that make your partner feel insecure?

You aren't queer... you have a boyfriend!

That's totally cool with me as long as I can watch!

But won't I get hit on at a gay bar?

"... I'm not being homophobic, you're just being too sensitive..."

Why don't you ever wear dresses?
have you ever had REAL sex?

“SHE”

“I always knew you were queer!"
(So, why weren't you supportive?)

Dear Dr. & Mrs. Rivera...
(from an invitation)

Where are your wife & kids? (in my parents' imagination!)

I have a cousin like you...
(Answer: How?)

“This is my gay best friend.”
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 teachable 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

Social Justice Issues Outside and Inside GLBTT-SQ Populations
- Homophobia (Social and Legal)
- Social isolation
- Lack of community
- Gender stereotypes
- Heterosexism
- Transphobia

Internalization in Individual
- Marginalization/Stigmatization
- Isolation from family and community
- Social invisibility/Lack of role models
- Low self-esteem
- Lack of confidence
- Poverty/Underemployment
- Closeness/self-denial
- Disenfranchisement/powerlessness
- Hypervigilance/over-achieving
- Dropping out of school/low attainment
- Diminished careers
- Homelessness/street involvement
- Guilt/shame
- Fear/survival/personal insecurity
- Spiritual deprivation
- Inner turmoil and psychic pain
- Mistrust of health care system

Externalization: Societal Discrimination
- Individual Acts
  - Violence
  - Child abuse
  - Prejudice
  - Bullying (esp. in schools)
  - Shaming
  - Alienation from family and community
  - Verbal/physical abuse
  - Humiliation
  - Discrediting/denigration
  - Harassment/Racism
  - Hostile environments
- Systemic Discrimination (Stigmatization)
  - Heterosexism; assumption of heterosexuality
  - Ignorance of GLBTT-SQ sexuality and communities
  - Invisibility of GLBTT-SQ issues in policy & programs
  - Devitalizing/erasing GLBTT-SQ culture & relationships
  - Tokenism
  - Ignorance of GLBTT-SQ health issues
  - Barriers to access
  - Social Exclusion
  - Reductionism to our sexuality
  - Omission/Exclusion from research
  - Bias in health care providers
  - Nonpublic health infrastructure for GLBTT-SQ people
  - Religious oppression
  - Poisoned work environments

Determinants of Health
- Social Support Networks
- Education & Literacy
- Employment/Working Conditions
- Health Services
- Social Environments
- Personal Health Practices & Coping Skills

Conditions that affirm positive choices for coming out (proposed for GLBTT-SQ populations)
SOCIAL JUSTICE FRAMEWORK

Determinants of Health

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

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

Vulnerability/Susceptibility

Individual
- Chronic anxiety/stress
- Depression/depair
- 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
- Inefficient prevention initiatives
- Mistrust of health-care system
- Delayed seeking of health care and treatment
- Inappropriate/inadequate health and social care provision
- Lack of GLBT-SQ community resources

Known Outcomes—GLBT-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 transgender
- Higher rates of Hepatitis A & B in gay men/youth
- Higher rates of unmet health care needs in GLBT people (21.6%) 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: 5,300 premature deaths in Canada and $38B in costs annually
• Klein’s Sexual Orientation Grid
• Passing the Test
• Using Cultural Humility to Address
  • Stereotypes
  • Personal bias
  • Countertransference
## The Klein Sexuality Grid

<table>
<thead>
<tr>
<th>Variable</th>
<th>Past</th>
<th>Present</th>
<th>Ideal</th>
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<tbody>
<tr>
<td>A Sexual Attraction</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>B Sexual Behavior</td>
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<td></td>
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<tr>
<td>C Sexual Fantasies</td>
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<tr>
<td>D Emotional Preference</td>
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<td></td>
<td></td>
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<tr>
<td>E Social Preference</td>
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</tr>
<tr>
<td>F Heterosexual/Homosexual Lifestyle</td>
<td></td>
<td></td>
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<td>G Self Identification</td>
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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].”
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