BEYOND RAINBOWS:
Affirming Mental Health Care with Gender and Sexuality Diverse Clients

Santa Clara County Behavioral Health
Friday, October 21, 2016
OBJECTIVES

1. Demonstrate an ability to differentiate basic concerns related to sexual orientation and gender identity.

2. Apply culturally sensitive and respectful language in discussing sexual orientation and gender identity with and about clients.

3. Conduct a basic assessment of concerns related to gender identity and/or sexual orientation and co-occurrence with other mental health concerns.

4. Describe at least two common relational (transference or countertransference) dynamics that may occur in assessment or psychotherapy with SOGD minority clients.
Four Stages of Competence

1 - Unconscious Incompetence
2 - Conscious Incompetence
3 - Conscious Competence
4 - Unconscious Competence

Conscious Competence Learning Matrix
Compassionate Learning Environment

- Patience with self and others
- Cultural humility
- There are no stupid questions
- We are all here to learn
- Cultural and individual differences can bring up strong feelings
Intersectional Identities

- Trans
- Race/Ethnicity
- Gay
- Gender Expression
- Family Structure
- Queer
- Religion
- Ability
- Migration Status
- Geographic Location
- Gender Expression
- Lesbian
- Social Class
- Questioning
- Family Structure
## Clinician Social Location

### Table 1

*The ADDRESSING Framework: Summary of Cultural Influences and Related Minority Groups*

<table>
<thead>
<tr>
<th>Cultural influence</th>
<th>Minority group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age/generational Development disabilities</td>
<td>People with developmental disabilities</td>
</tr>
<tr>
<td>Disabilities acquired later in life</td>
<td>People with disabilities acquired later in life</td>
</tr>
<tr>
<td>Religion and spiritual orientation</td>
<td>Religious minority cultures</td>
</tr>
<tr>
<td>Ethnic and racial identity</td>
<td>Ethnic and racial minority cultures</td>
</tr>
<tr>
<td>Socioeconomic status</td>
<td>People of lower status by class, education, occupation, income, or rural/urban habitat</td>
</tr>
<tr>
<td>Sexual orientation</td>
<td>Gay, lesbian, and bisexual people</td>
</tr>
<tr>
<td>Indigenous heritage</td>
<td>Indigenous/Aboriginal/Native people</td>
</tr>
<tr>
<td>National origin</td>
<td>Refugees, immigrants, international students</td>
</tr>
<tr>
<td>Gender</td>
<td>Women, transgender people</td>
</tr>
</tbody>
</table>

In Discussing Other Groups of People

- Assume when talking about people who are different from you that they are in the room, even if they aren’t visible to you.
- Be mindful of your own position and power.
- Be aware that we can talk about common themes without assuming a universal experience.
Brief Audience Survey

• How many people have had any formal training working with LGBTQ people?
• How many people have worked with LGBTQ clients?
Brief Introductions

- Name
- Pronouns
- Clinical setting / client population
- Something I want to learn today
PART 1:
SEXUAL ORIENTATION
FOCUS ON LGBQ+ CLIENTS
Sexual Orientation

- An enduring pattern of emotional, romantic, and/or sexual attractions to others of a particular gender.
- Sense of identity based on those attractions, related behaviors, and membership in a community of others who share those attractions.
- Ranges along a continuum, from exclusive attraction to the other sex to exclusive attraction to the same sex.
- Fixed for some, fluid for some
Sexual Orientation (APA, 2009):

“Sexual orientation commonly discussed as if it were solely a characteristic of an individual, like biological sex, gender identity, or age.

Sexual orientation is closely tied to the intimate personal relationships that meet deeply felt needs for love, attachment, and intimacy.

In addition to sexual behaviors, these bonds include nonsexual physical affection between partners, shared goals and values, mutual support, and ongoing commitment.

Therefore, sexual orientation is not merely a personal characteristic within an individual.”
Some Sexual Orientation Identities

- Heterosexual
- Gay
- Lesbian
- Bisexual / Pansexual
- Queer
- Questioning
- Asexual
LGBTQ – Breaking It Down

- Sexual orientation
- Gender identity
- Either/Both
Heterosexual / Straight

- A person who is emotionally, physically and/or sexually attracted to members of the “other” sex.
Gay

- A common and acceptable term most often used for men attracted to men; sometimes used referring to women.

- A related term is MSM, a term created by epidemiologists in the 1990’s to refer to men who have sex with men who do not fit or identify with traditional notions of gay identity.
Lesbian

■ A common and acceptable term for females who are attracted to females.

■ “Dyke” has historically been a derogatory term, but many people have reclaimed it as affirming (e.g. Dyke March). Some people still find this term offensive, so it should only be used for someone who self-identifies with this term.
Bisexual

- A person who is emotionally, physically, and/or sexually attracted to two or more genders
- Just because there is attraction to people of more than one gender does not mean the person cannot be monogamous
- Some people resist this term because it reinforces the gender binary (male/female).
- Bisexual people often face judgment/discrimination (“biphobia”) from both heterosexual and homosexual communities and are at greater mental health risk.
Self-Determination Over Others’ Perception
Queer

- In the past: Derogatory word for gay men and lesbians.

- Present: Umbrella term reclaimed by more radical LGBT activists during the 1980s and used in the slogans of ACT UP and Queer Nation (We're here, we're queer, get used to it!).

- Note: Some people embrace this word, while others still find it hurtful or offensive. When in doubt, ask.
Asexual

- A (sexual) orientation characterized by a persistent lack of sexual attraction toward any gender
- Not a lack of sexuality altogether
- Not the same as low sex drive
- Not always “aromantic” (lack of romantic interest)
- Asexual orientations may exist on a spectrum
I am not celibate. I do not need to see a doctor. I am not lying. I do not need to find the right person. I am not trying to be special. I do not want your pity. I am not less of a person than you. I did not choose to be this way. I am who I am.

I Am Asexual.
Heterosexism vs. Homophobia

- **Heterosexism:** Assumption that everyone is heterosexual. The systematic oppression of lesbian, gay, bisexual, and transgender persons that is directly linked to sexism.

- **Homophobia:** The irrational fear of homosexuals, homosexuality or any behavior, belief or attitude of self or others which does not conform to rigid sex and gender-role stereotypes. The extreme behavior of homophobia is violence against gay, lesbian, bisexual or transgender persons.
Identity Development Models: Useful for Some

- Cass' 6-Stage Model (1979)
- Griffin (1992): Identity Management
- Morales (1990): Ethnic Minorities and Parental Acknowledgement
- McCarn & Fassinger (1996): Sexual Minority Identity Formation
Individual Sexual Identity | Group Membership Identity
--- | ---
(Nonawareness) | 

1. **Awareness**
- of feeling or being different
  - of existence of different sexual orientations in people
**Self-Statement Examples:**
  - "I feel pulled toward women in ways I don’t understand.” (I)
  - "I had no idea there were lesbian/gay people out there.” (G)

2. **Exploration**
- of strong/erotic feelings for women
  - of one’s position regarding lesbians/gays as a group (both attitudes and membership)
**Self-Statement Examples:**
  - "The way I feel makes me think I’d like to be sexual with a woman.” (I)
  - "Getting to know lesbian/gay people is scary but exciting.” (G)

3. **Deepening/Commitment**
- to self-knowledge, self-fulfillment, and crystallization of choices about sexuality
  - to personal involvement with reference group, with awareness of oppression and consequences of choices
**Self-Statement Examples:**
  - "I clearly feel more intimate sexually and emotionally with women than with men.” (I)
  - "Sometimes I have been mistreated because of my lesbianism.” (G)

4. **Internalization/Synthesis**
- of love for women, sexual choices, into overall identity
  - of identity as a member of a minority group, across contexts
**Self-Statement Examples:**
  - "I am deeply fulfilled in my relationships with women.” (I)
  - "I feel comfortable with my lesbianism no matter where I am or who I am with.” (G)
Intersections: Who is gay, queer, bi, lesbian, trans, questioning, intersex?

- People of varying ages (from youth to adult to elder)
- People of all ethnic/racial backgrounds
- People with or without disabilities
- People of all class/SES backgrounds
- Religious people, non-religious people
- People across cultures/countries around the world

LGBTQQI is just ONE marker of identity.
Affirmative therapy


- Embraces a positive view of Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) identities and relationships

- Addresses the negative influences that homophobia, transphobia, and heterosexism have on the lives of LGBTQ clients
Being an affirmative therapist involves:

1. Self-reflection – reflect on your own upbringing, attitudes and beliefs; acknowledge areas of privilege; recognize bias stemming from living in a heteronormative and gender-binaristic society.

2. Get involved – live an affirmative life; become familiar with the issues; strive for social justice and social change.

3. Create an affirmative setting – provide LGBT friendly reading material, literature and resources; include affirming language on all paperwork; use client’s preferred name; don’t resort to heteronormative assumptions, instead ask about a client’s partner.

4. Be open about your commitment to providing affirmative therapy with all clients, regardless of sexual orientation or gender identity.

5. With heterosexual and/or cisgender clients, act as an advocate by challenging heterosexism and the gender binary.
“What’s Going On” Video by Jonah Mowry
Family Acceptance Project

- Lesbian, gay, and bisexual young adults who reported higher levels of family rejection
  - 8 x more likely to report attempted suicide
  - 6 x more likely to report high depression levels
  - 3.4 x more likely to use illegal drugs
  - 3.4 x more likely to engage in unprotected sex

Family Rejection as a Predictor of Negative Health Outcomes in White and Latino LGB Young Adults. Ped 2009
Mr. Duckett and Dr. Jones
LGB Clients and The Field of Psychology

- Homosexuality taken out of DSM in 1973 (GID appeared the same year)
- CA SB1172 – banned sexual orientation change efforts (SOCE), identified as harmful and ineffective
LGB Mental Health Concerns

- Antigay victimization and discrimination have been associated with mental health problems and psychological distress

Applications:
- Examine negative effects of internalized homophobia or heterosexism
- Increase sense of safety and reduce stress
- Increase coping and resources
- Address trauma
Coming Out

- A complex process, not a simple event
- A choice a person can make every day
- Can be “out” in some contexts and not all
- Fear of loss and rejection
- Fear of discrimination
- Varies across cultures
LGB Family and Community

- Family of origin
- Chosen family
- Explore lifespan/family role
  - LGB youth
  - LGB parents
Common reasons for seeking therapy:

- Coming out
- Trauma from childhood abuse or bullying
- Family rejection
- Work discrimination
- Lack of positive role models
- Isolation
- Unhelpful coping with minority stress (e.g., substance abuse, compulsive behaviors)
- Desire to integrate intersectional cultural identities (e.g., race, religion)
- Stress of family building (e.g., adoption, ART)
Other Key Considerations: LGBQ+ Clients

- Discrimination and hate violence
- Additive effects of microaggressions
- Minority stress and stereotype threat
- Family rejection
- Positive and negative coping with minority stress
- Religious abuse, religious conflict
- Identity being debated about in politics and the media
  - Same-sex marriage, Prop 8
  - Don’t ask, don’t tell
- Effects of living through age of HIV/AIDS – “post-traumatic plague syndrome”
CASE EXAMPLES
CASE 1: JAMAL

Case Vignette 1: Jamal
• 25-year-old African American gay man
• Reports “work stress” and “lack of inspiration”
• Boyfriend of two years complains that Jamal has been “shut down” and “quick to anger”
• Suspicious of therapy
• Childhood trauma
• Rejection by father, pressure to be “in the closet”

Questions:
1. What other information would you like to have about this client?
2. What biases might you need to keep in your awareness?
3. How would you proceed with this client?
Case Vignette 2: Denise and Michelle

- Denise: 38-year-old bisexual Latina woman, two kids from previous marriage
- Catholic family
- Family not supportive of relationship, don’t want kids around Michelle
- Michelle: 34-year-old lesbian White woman
- Fear of Denise leaving her for a man
- Fear of Denise choosing her family of origin over her
- Want to work on communication

Questions:
1. What other information would you like to have about these clients?
2. What biases might you need to keep in your awareness?
3. How would you proceed with these clients?
Resources

APA on Sexuality:  http://www.apa.org/topics/topicsbehavior.html

APA Division 44: Society for the Psychological Study of Lesbian, Gay, Bisexual, and Transgender Issues:
http://www.apa.org/about/division/div44.html

COLAGE (People with LGBT parents):  http://www.colage.org

National Gay and Lesbian Task Force:  http://www.thetaskforce.org

Gay Lesbian and Straight Education Network:  http://www.glsen.org

Our Family Coalition (for LGBT families/parenting):  www.ourfamily.org

Parents, Families, and Friends of Lesbians and Gays (PFLAG):
http://community.pflag.org
Selected References


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