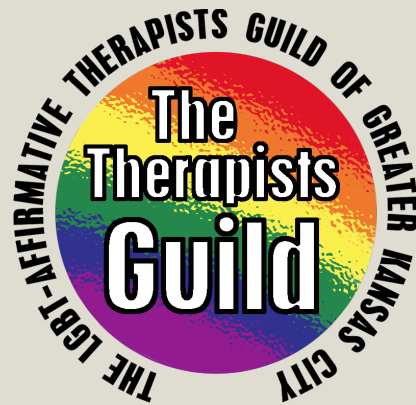


# Best Practices and Cultural Competencies for Working With LGBTQ Clients



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# The Layers of Identity

**L G B T Q Q A A I 2 . . .**

**BFQA MFQ HHQ THHB EVF GEP FFP .....**

**MPF MPOF FQMSC HHQ THHB EVF GEP .....**  
**MPF MPOF FQMSC HHQ THHB EVF GEP .....**

**or**

**“Sexual Minorities”**

# Why does the Guild use LGBT?

- From a clinical perspective acknowledging the acronym tells your client that you recognize a spectrum of sexual expression, and more importantly, that you recognize the unique needs, concerns and issues specific to those identities.

## Definitions:

- Defining Heterosexism – the assumption that all people are or should be heterosexual
- “Queer” can be thought of as a broader movement that challenges concepts of normalcy. Queer culture, in this context, embraces difference as uniqueness, opposed to difference as abnormality. (Stigmatized Word, however)
- Why Gay/Straight, Transsexual/Hermaphrodite/ Transvestite, and Homo/Hetero-sexual terms are loaded

## A Review of the Basics:

- “Sexual Minorities” is used as an encompassing concept to define social disparity
- Sexual Orientation is Different than Gender Identity
- Sexual Behavior may not align with self-perceived sexual orientation (MSM, WSW, etc)
- Gender Identity is different than sexual identity (e.g. some transgender individuals who were ascribed an identity of “homosexual” (prior to discovering their gender identity) are in reality “heterosexual”
- Gender Presentation is defined based off of socialized gender-role expectations (more than adornment or aesthetic)

# “Why is there a need to focus on LGBT issues?” Or “I don’t work with LGBT People” ...

- One undeniable fact about “sexual variability” is that the odds dictate nearly everyone has some type of personal relationship with someone who is LGBT.
- That person may be “out”, “hiding”, “mindfully unaware”, “still developing” ... or friends/family of
- The problem is that LGBT identities are often the most misunderstood and misinformed in society

# One Undeniable Fact About “Sexual Variability”

- **You already have a personal relationship with somebody who is LGBTQ**
  - That person may be a family member, co-worker, client, neighbor, or community contact
    - That person may be “out”
    - That person may be “hiding”
    - That person may be in a state of “mindful un- awareness”

# LGBTQ Individuals Must Survive in a Cultural Context of Oppression

- Unlike other minorities, an LGBTQ individual may be either “visible” or “invisible”
- Many LGBTQ individuals learn to hate “sexual deviants” before they realize “that is me!”
- Being LGBTQ is not a choice, but “coming out” is a choice



# The Circumstances of “Coming Out” Are Relevant to Future Adjustment or Distress

- Coming out may be an intentional action
- Coming out may be an accidental occurrence
  - By self or others
- Coming out may be an act of betrayal

- Coming out may unleash the floodgates for “arrested development”

# The “Reality” of Being LGBTQ

- “Double binds” are normal
  - E.g., “Don’t Ask/Don’t Tell”
- “Negative stigmatization” is the price of authenticity
- Life is a paradox:
  - E.g., Love the homosexual but not homosexuality
- Dissociation enhances sanity
- “Choosing” to be openly LGBTQ requires a resignation to live as a marginalized individual

# LGBTQ “Reality” (Cont.)

- Others define LGBT individuals by who they have sex with, not by who they love
- Relationship attachments are tentative and conditional
- Youth is coveted, and growing old is perceived as dreadful and lonely

- Gender Identity does not determine sexual orientation
  - Gender presentation is not prescribed by norms of being straight or LGBTQ
  - Being transgender does not define sexual orientation
- Gender non-conformity is frequently more provocative than sexual orientation

# Social Vulnerabilities for LGBTQ Individuals

- Absence or ambiguity of legal protections
- Religious alienation leads to spiritual vacuum
- Physical Abuse
- Sexual Abuse - more prevalent for gay & trans
  - Myths:
    - Same gender sexual abuse makes you gay
    - Gay men sexually abuse boys
  - On-going confusion or distress about sexual orientation for both gay and straight male survivors

# Social Vulnerabilities for LGBTQ Individuals

- Lack of role models for healthy relationships
- Lack of healthy social support
  - Absence of safety nets
  - Isolation/secretcy is normal
  - Need to defend behaviors & relationships

# Social Vulnerabilities for LGBTQ Individuals

- **Bullying/Discrimination**

- Newsweek article on bullying – 10/11/10:

- 1 in 5 students report being bullied

- 9 in 10 gay & lesbian students report being bullied

- **Self-Harm/Suicide Risk**

- Sept. 2010: at least 9 teens committed suicide after being bullied or taunted for being LGBT

- Tyler Clementi: 18 year old Rutgers student



**Beware of the bully or the extreme homophobe**

- **He may be using this behavior to camouflage his own sexual identity conflicts**

# Social Vulnerabilities for LGBTQ Individuals

- 2009 Report by National Gay & Lesbian Task Force Policy Institute & the National Coalition for the Homeless:
  - Estimated between 20-40% of 2 million homeless youth identified were LGBT (= 400,000 - 800,000 individual youth)
- Salt Lake City Homeless Youth Resource Center
  - Determined that 43% of its clients (who range from 16-21 years old) identified as “other than straight”

Research from the Family Acceptance Project (San Francisco State University) shows that family rejection has a serious impact on LGBT young people's health and mental health

Compared with LGBT young people who were not rejected or were only a little rejected by their parents and caregivers because of their gay or transgender identity, highly rejected LGBT young people were:

- More than 8 times as likely to have attempted suicide;
- Nearly 6 times as likely to report high levels of depression;
- More than 3 times as likely to use illegal drugs; and
- More than 3 times as likely to be at high risk for HIV and STDs.

# Making Your Practice a “Safe Space” for LGBTQ Clients

- For many clients, simply knowing that allies exist within Your Practice agencies can make a big difference

# Make Your Practice an Ally Agency With Ally Employees

- An ally is any person or agency that respects, supports, and stands up for the rights of LGBTQ people
- An ally strives to treat the the LGBTQ client with dignity, compassion, and sensitivity
- An ally views the LGBTQ client from a mindset of inclusion, not by exceptions or special treatment
- An ally challenges other clients, colleagues, and agency policies that reflect heterosexual privilege and/or homophobic bias

Employ BEST PRACTICE  
STANDARDS for Clinical  
Service Delivery to LGBTQ  
Clients

- Seek mindful awareness of subtle forms of bias - for self and others
  - Confront LGBTQ jokes that are demeaning
  - Include LGBTQ related themes & images in agency marketing materials, office photos, curricula and educational materials, etc.
    - Consider displays of LGBTQ supportive materials - e.g., special events, LGBT History Month (Oct.), LGBT Pride Month (June), “Coming Out Day” (Oct. 11th)



- Revise language or policies that promote heterosexual privilege
  - Use inclusive language - e.g., use “partner” vs. “husband/wife”
    - Be gender neutral when inquiring about sexual partners
  - Avoid making assumptions - i.e., do not assume everyone is heterosexual
  - Ask clients the terminology they prefer in reference to self - e.g., queer vs. gay; he or she (if trans client), etc.
  - Familiarize yourself with current terms in the LGBTQ cultures

- **Respect the sensitivity of information regarding LGBTQ clients**
  - Clarify with the client what should be the boundaries of confidentiality between individual and group settings
  - Be generic in charting language
  - Be careful when disclosing information, even when you have signed release from client
    - -Repercussions re: insurance, employment, benefits - I.e., be aware of the biases of others

# When a Client Comes Out To You

- Be a role model for acceptance - **EVEN IF YOUR BELIEFS DIFFER**
  - Be prepared to negotiate a referral if a relationship with an LGBTQ client is outside your range of comfort
- Be a mindful listener
- Be authentically curious

# When a Client Comes Out to You

- Do not make assumptions about the degree of “outness” of a client
  - Be careful not to be the agent of “outing” a client
  - Ask the client about their boundaries for being “out”
  - Confidentiality is assured by actions, not statements/promises

- Talk honestly with clients about the realistic biases in their world
  - Agency policies
  - Religious tenets
  - Family/cultural/political/employer constructs of acceptance or rejection
- Do not minimize the realities of oppression that may exist in the client's life
- Do not make promises about things you cannot deliver

- Affirm staff and clients who are safe with being openly LGBTQ
- Clients benefit from role models
  - Straight allies are just as important as LGBTQ individuals who are open and out

- Encourage attendance at workshops & presentations to deepen staff understanding of LGBTQ issues
- Organize agency in-service programs about LGBTQ issues
- Read materials to expand your awareness of LGBTQ issues
- Pay attention to news reports that deepen your sensitivity to the world in which your LGBTQ clients live
- Talk to an LGBTQ colleague or friend to enhance your sensitivity to their life

- Establish a quality assurance process to officially assess the climate of your agency as a safe space for LGBTQ clients and staff
  - Survey staff and clients
  - Assess policies - or lack of policies
  - Assess physical space
  - Assess intake and treatment forms



- Remember that small expressions of sensitivity, dignity, and respect have a powerful and lasting impact