OC ACCEPT
Orange County Acceptance through Compassionate Care, Empowerment and Positive Transformation

Behavioral Health Services
Prevention & Early Intervention
Learning Objectives

- Define common terms
- Identify the mental health needs of the LGBTIQ community
- Identify & describe Cass's 6 stages of identity development model
- Identify 5 ways to be an affirmative psychotherapist
- Identify 3-5 behavioral interventions in working with LGBTIQ clients
Why focus on LGBTIQ Community?

- Protected class
- Increase awareness
- Decrease stigma
- Increase providers confidence in providing services to LGBTIQ clients
Why is it difficult to discuss sexuality?

• Cultural discourse
• Private issue
• Medical/biological terms
• Heterosexual view

Barriers to discussion of sexuality:

• Embarrassment & discomfort
• Irrelevant vs. relevant
Ethical Considerations for Professionals - Social Workers

• National Association of Social Workers (NASW) Ethical Standards

• (c) Social workers should obtain education about and seek to understand the nature of social diversity and oppression with respect to race, ethnicity, national origin, color, sex, sexual orientation, gender identity or expression, age, marital status, political belief, religion, immigration status and mental or physical ability.
Selected History & Milestones of LGBTQ Community

- **DSM-I**
  - 1952

- **Stonewall Rebellion**
  - 1969

- **1st gay pride**
  - 1970

- **DSM-II**
  - 1973

- **DSM-III**
  - 1980

- **DSM-V**
  - 2013

- **Obergefell v. Hodges**
  - 2015
LGBTIQ STATISTICS

Gallup Poll (2018)

Women are more likely to identify as LGBTIQ than men.

LGBTIQ identification is more common among those with lower incomes.

- Less than $36,000 per year = 6.2%
- $36,000-$90,000 per year = 4.7%
- >$90,000 per year = 3.9%
What does LGBTIQ mean?

Lesbian
A female who experiences physical, romantic and an emotional attraction to other females.

Gay
A male who experiences physical, romantic and an emotional attraction to other males.

Bisexual
A person who experiences physical, romantic and an emotional attraction to both males and females.

Intersex
A medical diagnosis for a person whose sexual and/or reproductive anatomy or chromosomal pattern does not seem to fit typical definitions of male or females; often referred to as disorders of sex development.
What does LGBTIQ mean?

**Queer**
An umbrella term that embraces a variety of sexual orientations and gender identities.

**Transgender**
An umbrella term for people whose gender identity differs from the sex/gender they were assigned to at birth.

- **Transgender Female**
- **Transgender Male**
Additional Terminology

**Heterosexual (or straight):** People whose sexual and romantic feelings are primarily for the opposite gender.

**Gender Non-Conforming:** A person who may identify with their assigned sex at birth, however their gender expression differs from traditional expectations for men and women. (Androgyny, “butch” female, “effeminate” males.)

**Coming Out:** The process of identifying as gay, lesbian or bisexual. It also refers to the process that parents go through when telling others about a gay loved one.
Additional Terminology

**Homophobia:** Society’s misunderstanding, ignorance or fear of gay, lesbian or bisexual people.

**Cisgender:** A person whose gender identity and biological sex assigned at birth align (e.g., man and assigned male at birth).

**Non-Binary:** Identifying as either having a gender which is in-between or beyond the two categories ‘man’ and ‘woman, as fluctuating between ‘man’ and woman’, or as having no gender, either permanently or some of the time.

**Men who have Sex with Men (MSM):** refers to all males – of any age – who engage in sexual and/or romantic relations with other males.
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
- Gay

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

Gay Men
- 3x higher in MDD
- 2x higher in anxiety
- Self-cutting/self Harm
- Higher when remain in closet

Lesbian Women
- Increased MDD
- PTSD
- Increased anxiety
- Higher levels of intimate partner violence (IPV)

Bisexual Men/Women
- Higher incidences of depression/anxiety
- Rejection from LGBTIQ community

Transgender Men/Women
- MDD & anxiety are common
- Lack of support
- Social rejection
- Lack of access to medical care
- Name and gender barriers

Top Health Issues for LGBTIQ Population (SAMSHA) 2012
### Behavioral Health: Suicide

**Gay Men**
- Harassment
- Negative coming out process
- Substance use
- Isolation
- 7x higher in suicide attempts

**Lesbian Women**
- “Out” vs “not out”
- Doubts regarding sexual orientation higher among lesbian women

**Bisexual Men/Women**
- Higher levels of self-harm and suicide attempts
- Lack of understanding & acceptance
- Isolation
- Limited social support/network

**Transgender Community**
- SI is widely reported
- Issues related to transitioning pre/post
- Issues related to “passing”
- Struggles with self-acceptance

---

Top Health Issues for LGBT Population (SAMSHA) 2012
Suicide is the 2nd leading cause of death among young people ages 10 to 24.

1 out of 6 students nationwide seriously considered suicide in the past year.

LGBTIQ youth are 4x more likely to attempt suicide compared to their straight peers.

Nearly half of young transgender people have seriously thought about taking their lives.

The Trevor Project (2016)
Substance Use

Gay Men
- Higher substance use

Lesbian Women
- Higher smoking rates
- Drink more than heterosexual women

Bisexual Men/Women
- Significantly higher rates of binge drinking (22.6%) than their heterosexual counterparts (14.3%)

Transgender Community
- Higher substance usage compared to other populations

Top Health Issues for LGBT Population (SAMSHA) 2012
STI’s and HIV/AIDS

- In 2016, gay and bisexual men accounted for 67% of all HIV diagnoses & 82% among males aged 13 & older
- Transmission of HIV among Lesbian women is extremely rare
- Transgender women, globally, 50 times more likely to be HIV positive
- Exposure/sharing of needles with hormones and or sex work

Older Adults

LGBT SENIORS
The unseen issues they face
When it comes to aging, LGBTIQ older people are more concerned than non-LGBTIQ older adults with regard to...

SAGE (2014)
Older Adults

**Behavioral Health Concerns**
- Major depression
- Generalized anxiety disorder
- Suicide

**Medical Care**
- Disclosure of sexual orientation
- Negative affect on the patient-provider

**Smaller Support Systems**
- Rejection by children, family, community

**Housing**
- Fear of discrimination by nursing staff, loss of housing

**Barriers to disclose their sexual orientation**
- Deconstruction of elaborate constructs

SAGE (2014)
Video Clip #1: Coming Out
Activity: Coming Out Stars
“Coming Out”
The CASS Model (1979, 1984)

“Coming Out” refers to the experiences of some, but not all, LGBTIQ individuals as they explore their sexual identity.

There is no specific process in coming out; some LGBTIQ persons do not come out.

The coming out process is unique for each person.

The Cass model outlines six stages of “Coming Out”.
Stage I: Identity Confusion
“Who am I?”

Becomes aware that their thoughts, feelings, or behavior conflict with their heterosexual or cisgender identity

• What May Be Going On:
  • Who am I? Am I different?
  • Feelings: Anxiety, confusion, denial

Clinical Guidelines:
• Reassure them they are ok
• Basic value-free information
• Reflectively listen to their feelings
• Be sensitive about using labels (gay, bi, etc.) with them
Stage II: Identity Comparison
“Where do I belong?”

Difference between self and others starts to magnify

- **What May Be Going On:**
  - Maybe I am gay. I’m alone. What are gay people like?
  - **Feelings:** Isolation, anxiety, excitement, bargaining and rationalizing

Clinical Guidelines:

- Reassure you won’t reject them and they are not alone
- Allow them to learn more about themselves, at their own pace
- Counter myths and stereotypes with factual information
- Provide clear support for them, regardless of what their orientation/gender may be
- Check out safety (safe-sex, suicidality, AOD use, etc.)
Stage III: Identity Tolerance
“\text{I may be...}”

Confusion is lessened, allowing them to acknowledge their social, sexual and emotional needs

\textit{Difference between how they see themselves and others grows}

\textbf{What May Be Going On:}
- I accept the possibility that I may be gay. Where are other gay people?
- \textbf{Feelings:} Social isolation, anger, excitement, reactivity

\textbf{Clinical Guidelines:}
- Support their wish to explore their developing identity
- Provide LGBTIQ community resources when available
- Note safe places to go to and safe people to talk to
- Consider safety/risk issues
- Acknowledge it will take time to build networks
Stage IV: Identity Acceptance

“I Am....”

**Fully accepts rather than tolerates their LGBTIQ Identity**

- **What May Be Going On:**
  - I am gay. Am I okay? I can come out to some people
  - **Feelings:** Rage, sadness, hostility towards straight culture

**Clinical Guidelines:**

- Respect their right and need to be part of LGBTIQ community
- Support their exploration for new friends/partner(s)
- Explore inter-personal skills needed to meet new people/spaces
- Help support the client if they want to come out to friends/family
- Work out a plan of who is safe to come out to and who isn’t
Stage V: Identity Pride
“I am proud to be…”

Immerses him/herself in the LGBTIQ community and culture to live out their identity

- **What May Be Going On:**
  - I am proud to be gay. I don’t (and won’t) pass for straight
  - **Feelings:** Excitement, focused anger, arrogant pride and rejection of straight culture as norm

Clinical Guidelines

- Continue to be supportive
- Work through any feelings the individual has about resentment toward homophobia, discrimination or other people being in the “closet”
- Work through how they feel about others who experience same-sex attraction but don’t identify or are unsure of their sexuality as the individual is of theirs
- Safety around being under-age in bars/clubs, safety at events, mixing with older people on “the scene”
Stage VI: Identity Synthesis

“Being ....is one part of me.”

Develops a fully internalized and integrated LGBTIQ identity

- **What May Be Going On:**
  - I am a person who happens to be gay
  - **Feelings:** Excitement, happiness, grief

Clinical Guidelines

- Coming out is a life-long journey
- The individual may experience homophobia/transphobia on many different levels, support around this may be needed
- Affirm to individual that it has been a long journey to get to this stage and a lot of courage and strength has been needed
Disclaimer

Do not make assumptions (not all X means Y/not all Y means X)

Thorough assessment is necessary with your client(s)

Information presented is to help conceptualize
Coming Out

“‘It’s not a decision to come out but a realization.’” (Bigner & Wetchler, 2012)

According to Valory Michell, “People come out at every age. They come out to their parents, children, siblings, spouses, extended families, colleagues and friends. They come out in the context of their culture, their communities and their values.” (Bigner & Wetchler, 2012, Chapter 9, pg. 132)
Coming Out

Different agendas between family and client

Stereotypes of LGBTIQ relationship: sex vs. family
Coming Out: Assessment

- Whom the client wants to tell and why?
- Who is the most important and most difficult to tell?
- Who accepts vs. who rejects
Coming Out: Assessment

- Assess for dependency status
- Assess for barriers (e.g., religions, traditional, cultural issues)
Coming Out: Early Interventions

- **Planning for disclosure**
- **Prepare the client to answer questions***
- **Encourage family members to understand that coming out is a recognition for the LGBTIQ person rather than a sudden unexpected change**
- **Use reframe to decrease conflicts***
Coming Out: Early Interventions

Explore w/family members to remember the history w/the LGBTIQ person to help create continuity

Explore each person about his/her hopes *

Explore the positives of coming out**

The “solution” to coming out is not to go back into the closet
Coming Out: Middle Phase of Therapy

Psychoeducation*

Clarify assumptions on LGBTIQ identity**

Process the idea that LGBTIQ identity is bad or sinful

Provide resources such as PFLAG, straight alliance, to family members
<table>
<thead>
<tr>
<th>Coming Out: Middle Phase of Therapy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Work on coping strategies for client and love ones</td>
</tr>
<tr>
<td>Consider individual session to decrease blame &amp; guilt</td>
</tr>
<tr>
<td>Process any loss or grieve</td>
</tr>
</tbody>
</table>
Coming Out: Middle Phase of Therapy

- Encourage family to be empathetic toward the client
- Encourage welcoming & respectful environment
- Plans for disclosure to others
Coming Out: Concluding the Therapy

- Accepting that dynamics will change
- Accepting that not everyone will accept you
- Understanding the coming out is a lifelong process
LGBTIQ Affirmative Therapy

Alan Malyon: Gay affirmative therapy is not an independent system of psychotherapy. Rather, it represents a special range of psychological knowledge which challenges the traditional view that homosexual desire and fixed homosexual orientations are pathological (1982)

AAMFT definition: “An approach to psychotherapy that embraces a positive view of the LGBTQ identities & relationships and addresses the negative influences that homophobia, transphobia & heterosexism have on the lives of LGBTQ clients.”

Bigner & Wetchler (2012): The basis of the concept of affirmative therapy is the understanding that the difficulties LGBTIQ people face are culturally conferred. This means that the problems people have concerning their sexual orientations are not consequences of homosexuality but of homophobia. These problems result from intolerance of difference and from ignorance.
Create an affirmative & safe space

Being “gay friendly” or knowing “gay friends” aren’t enough

Know thyself

Get involved

Taking an affirmative stance and challenge the status quo

Affirmative Therapist
Affirmative Therapist

- Do not assume
  - Every story is unique
- Use nonjudgmental language
- Acknowledge family of choice
- Know generational differences
- Seek appropriate supervision if you cannot refer out
Gay Male Couple Therapy

Tunnel & Greenan (2004) Marital Tasks:

1. Creating a boundary around them
2. Dealing with individual differences and conflicts
3. Regulating closeness and distance

Each is much more complicated for male couples than for married heterosexual couples
Gay Male Couple Therapy

Creating a Boundary

• The act of marriage makes the boundary*
• Gay couples do not assume sexual exclusivity, separation between sex and emotional fidelity
• Long-term vs. short-term vs. open-relationships
Creating a Welcoming Environment

- Confidentiality
- Continually assess risks
- Rapport and trust building
- Avoid closed ended questions
- Don’t assume
**Terminology Consideration: Client-Centered Strategies**

1. **Individual’s choice of language(s)**
   - Avoid overgeneralizing with the use of the term “gay”

2. **Ask individuals how they would like to be addressed**
   - Get clinical supervision/ask questions

3. **Consider barriers to self-disclosure by LGBTIQ individuals**
   - Be aware of community resources

4. **Other strategies**
   - http://nicic.gov/library/029681
Thoughtful Considerations: Culture

- Integrating multiple identities, some may be stigmatized
- Ethnic and religious factors related to acceptance
- Assess level of acculturation
- Assess level of acceptance from family members/community
- Assess for history of bullying and peer acceptance
- Age of coming out
- Generational Gaps/Differences
- Historical significance of early LGBTIQ movements
Issues Underlying Discrimination

The Gender Binary
A concept or belief that there are only two genders, male and female

Misogyny
Hatred, dislike, or mistrust of women, or prejudice against women

Heteronormativity
Noting or relating to behavior or attitudes consistent with traditional male or female gender roles and the assumption of heterosexuality as the norm

Gender Policing
The imposition or enforcement of normative gender expressions on an individual who is perceived as not adequately performing, through appearance or behavior, the sex that was assigned to them at birth
Most Important Issues for LGBTIQ People of Color

- 58% reported their community views them as “sinful”
- 50% also feel discriminated against
- 45% felt excluded
- 50% feel they received doubts over their LGBTIQ identity
- 45% were teased or made fun of

Higher prevalence of prejudice within racial and ethnic communities

Those who come from a more traditional background are the most likely to feel negative reactions from their racial or ethnic communities

• Feeling condemned as sinful for being LGBTIQ is particularly strong among African-Americans and Latinos/Latinas

Human Rights Campaign (2009)
Video Clip #8: Diversity Inclusion

Love is Love
Not Gender, Not Race, Not Age, Not Religion
Community Resources

OC ACCEPT
http://www.ochealthinfo.com/bhs/about/pi/early/oc_accept

LGBTIQ Resources
http://www.ochealthinfo.com/bhs/about/pi/early/oc_accept/resources

LGTBIQ Links
http://www.ochealthinfo.com/bhs/about/pi/early/oc_accept/links

PFLAG
https://pflag.org/

855-OC-Links
(625-4657)
What is OC ACCEPT?

Behavioral Health Services to the LGBTIQ Community

- Short-term Individual/Family
- Mild-Moderate Participants
- Case Management
- Peer Mentorship
- Community-based Supportive Services
- Referrals & Linkage Services
- Support & Discussion Groups
- Health and Wellness Activities
- Educational & Vocational Support
OC ACCEPT Team

Master level clinicians

Peer specialists
For more information or to refer a client:

**OC ACCEPT**
2035 E. Ball Road, Suite 100 – C
Anaheim, CA 92806
(714) 517-6100

http://www.ochealthinfo.com/bhs/about/pi/early/oc_accept

(Services available in English & Spanish)
References

References


References


References


