Improving Services and Supports for Youth Who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, 2-Spirit (LGBTQI2-S)

The webinar will begin at 1 PM (ET)

Call-in Number: 1-800-832-0736   Conference Room: 2884179

Webinar Website:
http://gucchdtacenter.georgetown.edu/resources/2012calls.html

If you need assistance, call: 202-687-0308 or email irvinema@georgetown.edu

Improving Services and Supports for Youth who Are Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two-Spirit (LGBTQI2-S)

Tawara D. Goode & Sylvia K. Fisher

May 16, 2013
WEBINAR OVERVIEW

- Introduction of presenters
  *Tawara D. Goode & Sylvia Fisher*
- A short narrative: Why and how the book came to be
- Cultural and linguistic competence:
  - Philosophical underpinnings
- Summary of the content of the book
  - *Standards for systems of services and supports*
- Q & A
- A focus on the role of cultural and linguistic competence self-assessment
- Q & A
- Closing

CULTURAL COMPETENCE

...requires that organizations have a clearly defined, congruent set of values and principles, and demonstrate behaviors, attitudes, policies, structures, and practices that enable them to work effectively cross-culturally.

(adapted from Cross, Bazron, Dennis & Isaacs, 1989.)
An essential component of cultural competence is self-assessment.

We have to take time to reflect and critically look at ourselves and our organizations.
National Workgroup to Address the Needs of Children and Youth Who Are LGBTQI2-S and Their Families

► Located within the Child, Adolescent and Family Branch, Center for Mental Health Services, SAMHSA

► **Purpose:**
To guide the development of policies, programs, materials, products and other resources to improve the lives of children, youth and families in the populations of focus.

► **Vision:** All LGBTQI2-S children, youth and families live, learn, work, play, thrive, and participate fully in safe, supportive communities where culturally and linguistically competent services and supports are available, accessible, and appropriate.

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**Book Overview**

- **Public Health Perspective:** Research, Practice & Policy
- **The Resilience U-Turn:** Understanding Risks & Strengths
- **Building Systems of Care to Support Effective Interventions**
- **Culturally & Linguistically Competent Services and Supports**
- **Social Marketing Efforts to Promote Social Inclusion & Help-Seeking Behavior**
**Traditional Binary Gender Model**

**Biological Sex:**
- Male
- Female

**Gender:**
- Masculine
- Feminine

**Sexual Orientation:**
- Women
- Men

**Revolutionary Gender Model**

**Biological Sex:**
- Male
- Intersex
- Female

**Gender Identity:**
- Man
- Bigender
- Nongender
- Woman

**Gender Expression:**
- Masculine
- Androgynous
- Neutral
- Feminine

**Sexual Orientation:**
- Women
- Both
- Other
- Men

*Many configurations are possible*
What’s Happening in Our Families?

(Family Acceptance Project - 2009)

- 26% of youth who “come out” to their families are thrown out of their homes because of conflicts with moral and religious values.
- Over 30% report suffering physical violence at the hands of a family member after “coming out.”
- “LGB young adults who have reported higher levels of family rejection during adolescence were…
  - 8.4 times more likely to report having attempted suicide
  - 5.9 times more likely to report high levels of depression
  - 3.4 times more likely to use illegal drugs, and
  - 3.4 times more likely to have reported having engaged in unprotected sexual intercourse
- …compared with peers from families that reported no or low levels of family rejection.”


What Is Happening in Our Treatment Services?

(Center for Health Care Strategies Survey 2009)
(Culturally Alert Counseling, 2008 Garrett McAuliff)

- Fewer than half (47%) of residential treatment facilities provide training to staff on GLBT issues.
- Less than a quarter (19%) of residential treatment facilities train staff on community resources for GLBT youth.
- Mental health counselors have acknowledged negative attitudes toward GLBT clients.
- Counselors have reported not feeling adequately equipped or prepared.
- Assumptions made by counselors, consciously or unconsciously, based on sex and gender stereotypes can do harm.
- Because of gender bias, the client may receive inappropriate or inadequate treatment or be given an incorrect diagnosis.

Youth Who Are LGBTQI2-S in Rural Areas

- Because of more limited privacy in rural communities, youth who are LGBTQI2-S are likely to hide their identity (i.e., to not “come out”); this makes dating more challenging.
- They also are less likely to have access to counseling services and support groups that affirm their identity.
- Geographic location of youth in rural areas makes it challenging to reach them.
- The Internet is a key source of information, but access may be limited depending on financial resources.
  - In addition, rural communities are less likely to have access to high-speed Internet access, so must rely on slower dial-up connections and may rely on public library and school computers with filtering software that limits access to LGBTQI2-S information.

What Does It Mean to “Come Out”? 

- “Coming out” is:
  - When a person reveals that s/he is LGBTQI2-S to others
  - Incredibly difficult and a huge personal risk
  - Usually a long-term process requiring one to come out frequently throughout one’s life
- Usually happens at many points in time to others, perhaps one at a time.
- The average age that youth come out is decreasing (e.g., some estimates put it at 13).
Two-Spirit Identity

- Two-spirit - term created by Native American Gay, Lesbian, Bisexual and Transgender people in 1990 as an “umbrella term” to be inclusive of many of the tribally specific terms used to refer to those who are “not male and not female” or who “take on” the other gender.
- It comes from a Northern Algonquin word “niizh manitoag” (two-spirits).
- When colonists arrived, many missionaries and colonists targeted two-spirit individuals in tribal communities for death since they were seen as ‘offensive’ to the church’s sensibilities. Many Native communities hid their two-spirit individuals from the colonists.

Impact of Stigma on LGBTQI2-S People

Stigma and social inequity can increase stress and reduce well-being, even in the absence of major traumatic events.

Stigma is sometimes viewed as having enhanced their lives and as having a defining impact.

Adapted from “We’d Be Free”: Narratives of Lives Without Homophobia, Racism, or Sexism; Sexuality Research and Social Policy
The Resilience U-Turn: Understanding Risks and Strengths to Effectively Support LGBT Youth and Families (Chapter 8)

An Assets-Based Approach: Positive Aspects of Gay or Lesbian Identity

- Belonging to a community;
- Creating families of choice;
- Forging strong connection with others;
- Serving as positive role models;
- Developing empathy and compassion;
- Living authentically and honestly;
- Gaining personal insight and sense of self;
- Involvement in social justice and activism;
- Freedom from gender-specific roles; and,
- Exploring sexual relationships

Riggle et al. (2008)

Lazar, 2008 Many Faces of Trauma
Assets-Based Approaches: Resilience

a “phenomenon that some individuals have a relatively good outcome despite suffering risk experiences”
(Rutter, 2007)

Resilience theory, supports an assets-based approach by:

(1) Identifying qualities of individuals and support systems that explain or predict success,
(2) Describing the process of coping with negative stressors, and
(3) Creating experiences that move individuals toward reintegration (Richardson, 2002; Masten & Powell, 2003).

Lazenby, 2008 Many Faces of Trauma

The Resilience U-Turn

Risk Factors and Problem Behaviors

Protective Factors and Resilience
# Understanding Risks and Strengths for LGBTQI2-S Youth

<table>
<thead>
<tr>
<th>System</th>
<th>Disparity/Disproportionality</th>
<th>Asset-Based Lens</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>Higher rates of harassment at school, feeling of not belonging, feeling unsafe</td>
<td>What's happening in schools where students feel safe and secure?</td>
</tr>
<tr>
<td><strong>Child Welfare</strong></td>
<td>Are overrepresented in out-of-home care</td>
<td>What are child welfare systems who are experiencing improved outcomes doing?</td>
</tr>
<tr>
<td><strong>Mental Health</strong></td>
<td>More likely to report suicidal ideation, intent, and attempts</td>
<td>What's happening in practices where youth are achieving better outcomes and meeting personal goals?</td>
</tr>
<tr>
<td></td>
<td>Higher levels of dissatisfaction with counseling services</td>
<td></td>
</tr>
<tr>
<td><strong>Substance Abuse</strong></td>
<td>Higher rates of substance abuse (i.e., cigarettes, alcohol, illicit drugs)</td>
<td>What is it about the youth who are not abusing substances and what's happening their lives?</td>
</tr>
</tbody>
</table>

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### Understanding Risks and Strengths

**LGBTQI2-S Youth**

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</table>
| **Juvenile Justice** | Higher rates of verbal harassment and physical or sexual abuse  
Often placed in more restrictive facilities or segregated and isolated  | What's happening in juvenile justice facilities that with policies are designed to protect the safety and dignity of LGBT youth? |
| **Family**        | High rates of family rejection                                                              | What's going on in families who are accepting?                                  |
| **Homelessness**  | Higher rates of homelessness                                                                | What keeps youth at home?                                                       |
| **Physical Health** | Discrimination in health care and poor health outcomes, especially for transgender and gender-nonconforming people | What do facilities look like that are providing effective, appropriate, care?    |
Strengths of a System of Care

Process
- Communication
- Engagement
- Leadership
- Quality Management, Continuous Quality Improvement, Evaluation

Structure
- Outreach, Pathways
- Service Planning
- Service Array & Delivery

“Even when opportunity knocks, you still have to get up off your seat and open the door.”

Anonymous
Standards of Care for LGBT Youth (Chapter 10)

Strategies for Standards of Care

(1) Conduct agency self-assessment

(2) Enforce nondiscriminatory policies

(3) Promote staff knowledge and development about LGBT youth and families

(4) Enhance intake processes, data collection, information sharing

(5) Promote safe, supportive culturally competent environments
Strategies for Standards of Care

(6) Implement practices that support preferences and affirm identity

(7) Promote healthy and supportive peer connections

(8) Strengthen family connections

(9) Promote access to affirming services and supports

(10) Facilitate community outreach and engagement

Engaging Communities

- Assess community or agency to identify needs, barriers, challenges, strengths, and readiness to develop a welcoming environment
- Understand how LGBTQI2-S identities are perceived within the community
- Identify and provide information about services and supports within and outside the local community
- Provide a community center or other safe meeting place for information and social opportunities
- Collaborate and foster relationships with other organizations supporting these youth (e.g., youth and family organizations)
Creating a Welcoming Environment

- Provide opportunities for youth to discuss and exchange their experience and ideas in a nurturing, safe environment
- Maintain confidentiality and privacy
- Assess foster care families
- Provide services and supports that are linguistically competent
- Display symbols of support in office and public areas
- Offer safe places within the community to obtain resources

Family Acceptance Project: Behaviors to Avoid
http://familyproject.sfsu.edu/files/FAP_English%20Booklet_pst.pdf

- Verbal harassment or name-calling because of their child’s LGBT identity
- Excluding LGBT youth from family and family activities
- Blocking access to LGBT friends, events, and resources
- Blaming their child when they are discriminated against because of their LGBT identity
Family Acceptance Project: Behaviors to Avoid
http://familyproject.sfsu.edu/files/FAP_English%20Booklet_pst.pdf

- Pressuring their child to be more (or less) masculine or feminine
- Telling their child that God will punish them because they are gay
- Telling their child that they are ashamed of them or that how they look or act will shame the family
- Making their child keep their LGBT identity a secret in the family and not letting them talk about it

Family Acceptance Project: Behaviors That Help
http://familyproject.sfsu.edu/files/FAP_English%20Booklet_pst.pdf

- Talk with their child or foster child about their LGBT identity
- Express affection when their child tells them or when they learn that their child is gay or transgender
- Support their child’s LGBT identity even though they may feel uncomfortable
- Advocate for their child if they are mistreated because of their LGBT identity
Family Acceptance Project: Behaviors That Help
http://familyproject.sfsu.edu/files/FAP_English%20Booklet_pst.pdf

- Require that other family members respect their child
- Talk with clergy and help their faith community to support LGBT people
- Welcome their child’s LGBT friends and partners to their home
- Believe their child can have a happy future as an LGBT adult

Conclusions – Moving Forward

- System of care communities are increasingly committed to improving the well-being of LGBT youth and their families by providing culturally and linguistically competent services and supports in a comprehensive, community-based service array and actively promoting positive change within their communities
- An array of policies, practices, and interventions can and should be implemented within system of care communities to effectively and successfully address the behavioral health needs of LGBT youth and their families
- Positive outcomes will include:
  - Reduced health care disparities among LGBT youth
  - Positive behavioral and emotional outcomes (e.g., decreases in substance use, suicide attempts, and homelessness; increased well-being and integration and full inclusion within the larger community)
Resources: LGBTQI2-S Practice Briefs

- Presents recommendations and strategies across six areas (which are applicable to settings serving and supporting youth):
  - Creating a welcoming environment
  - Protecting youth
  - Strengthening staff and supports
  - Supporting youth who are transgender
  - Enhancing practice and service delivery
  - Engaging communities

- Includes Internet resources; for example:
  - Gay, Lesbian, and Straight Education Network
  - Safe Schools Coalition

- Available online at:

A Toolkit of More Than 100 Resources is Available to You...

- Examples include:
  - SAMHSA Suicide Prevention Resource Center, *Suicide Prevention among LGBT Youth: A Workshop for Professionals Who Serve Youth* (2011)
A SELF-ASSESSMENT DILEMMA

Extant Tools, Instruments, and Measures

LGBT

Cultural and Linguistic Competence

Few tools at the intersection

Benefits of CLC Self-Assessment: Individuals

☐ Heightens awareness

☐ Influences attitudes toward practice and the provision of services and supports

☐ Motivates the development of knowledge, skills, and core competencies

Benefits of Self-Assessment:
Individuals

☑ Provides a structure process to examine areas of awareness, knowledge and skills related to LGBT

☑ Enables self-reflection to gauge own values and belief systems to see how they may contribute to disparate care or provision of services and supports to youth who are LGBT

☑ Identify stereotypes, biases (conscious and unconscious), and discrimination against individuals who self-identify as LGBT


Benefits of Self-Assessment:
Organizations

☑ Gauge the degree to which organizations are effectively addressing the preferences, interests, and needs of culturally and linguistically diverse populations and communities

☑ Establish partnerships that will meaningfully involve diverse populations and communities

☑ Improve access to, utilization of, and satisfaction with services and supports in youth-serving systems.

☑ Determine strengths and areas for growth for individuals employed by affiliated with the organization

Benefits of Self-Assessment: Organizations

- Serve as a catalyst to address the social inequities that contribute to disparities in the provision of services and supports for diverse populations, including youth who are LGBT.

- Enhance the capacity to provide culturally and linguistically competent services and supports to the population of LGBT youth and their families.


Philosophical Construct

Assessing the attitudes, behaviors, policies, structures and practices of an organization, including those of its board, staff, and volunteers, is a necessary, effective, and systematic way to plan for and incorporate cultural and linguistic competence.

Sources: Cultural & Linguistic Competence Self-Assessment Instrument for Foundations, 2004

Slide Source: National Center for Cultural Competence, 2013
NCCC’s Values & Guiding Principles for Self-Assessment

- Strengths-based model
- Safe & non-judgmental environment
- Meaningful involvement of individuals who receive services and support or participants in activities
- Results and enhance and build capacity
- Diverse dissemination strategies


NCCC’s Four-Phases of Self-Assessment

1. Phase 1 • Establish a structure to guide the work.
2. Phase 2 • Create a shared vision and shared ownership.
3. Phase 3 • Collect, analyze, and disseminate data.
4. Phase 4 • Develop and implement a plan of action.

POLLING QUESTION #1

PHYSICAL ENVIRONMENT,
MATERIALS & RESOURCES

COMMUNICATION

POLLING QUESTIONS 2 & 3

VALUES & ATTITUDES

POLLLING QUESTIONS 4 & 5

Slide Source: © 2013 - National Center for Cultural Competence

As a culturally competent __________
I am capable of interacting positively with people who do NOT

look like,
talk like,
move like,
think like,
believe like,
act like,
love like... live like...

ME!!!


Source Multnomah County Department of Health Slide Source: The National Center for Cultural Competence, 2012

Modification from Mike Magy, Massachusetts Department of Mental Health, November 2005
Questions
Evaluation Form:  IMPORTANT LINKS
https://www.surveymonkey.com/s/TACenterWebinarEvaluation

Webinar Website:
http://gucchdtacenter.georgetown.edu/resources/TAWebinars.html

Data Matters:  http://www.gucchdgeorgetown.net/data/