

Removing "The Other": Uncovering Connection with LGBTQ Consumers

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Unifying language

- SOGI = Sexual Orientation, Gender Identity
- TGNB = Transgender, Non-binary
- MOGAI = Marginalized Orientations, Gender Alignments, Intersex



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Objectives

- Understand Meyer's Theory of Minority Stress and how it affects LGBTQ people
- Enhance understanding of LGBTQ experience from an LGBTQ point of view
- Increase awareness of your personal reaction to LGBTQ people and how it informs your engagement



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Creating a comfy space



EMPATHY IS SIMPLY LISTENING, HOLDING SPACE, WITHHOLDING JUDGMENT, EMOTIONALLY CONNECTING, AND COMMUNICATING THAT INCREDIBLY HEALING MESSAGE OF "YOU'RE NOT ALONE."



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Not yet the quadratic formula.

- L
- G
- B
- T
- Q
- Q
- I
- A

Very important! Need to master it to solve quadratic equations

When you have $ax^2 + bx + c = 0$ the solutions are $x = \frac{-b \pm \sqrt{b^2 - 4ac}}{2a}$

Example solve $x^2 - 9x + 8 = 0$

First write in standard form $x^2 - 9x + 8 = 0$

plug in values into formula $a=1$ $b=-9$ $c=8$

$x = \frac{-(-9) \pm \sqrt{(-9)^2 - 4(1)(8)}}{2(1)}$

$x = \frac{9 \pm \sqrt{81 - 32}}{2}$

$x = \frac{9 \pm \sqrt{49}}{2}$

solutions \rightarrow $x = 8$ $x = 1$

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What do you want to learn?



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Expectations

How we perceive those we serve impacts how they know us and can impact how well they do.

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What informs your practice?



We were all raised in a heterosexual, cisgender dominant culture. The norms of the dominant culture are a part of us, regardless of our own sexual orientation, gender identity, beliefs, or relationships. Creates Implicit Bias.

- Important to be honest with yourself regarding the impact of these norms on your perception of your client, the services you offer, and how you respond.
- If you are a person of a conservative faith and you wear or display symbols of your faith, your LGBTQ client will assume judgment. Talk up front.

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The first lens.



- Tolerate
- Accept
- Affirm

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A single story

- A “narrative” is the dominant message that shapes our worldview (“Common sense”?)
- Often defined by the majority or those who have the greatest social or political power/influence (norms)
- When your story is part of the dominant narrative:
 - You may not have conscious awareness of the dominant story
 - Your story may impact how you assess someone who has a different story
 - You may not see/understand difference from the minority POV
 - You may pathologize difference because of a personal, visceral reaction to the unfamiliar or unconscious conditioning

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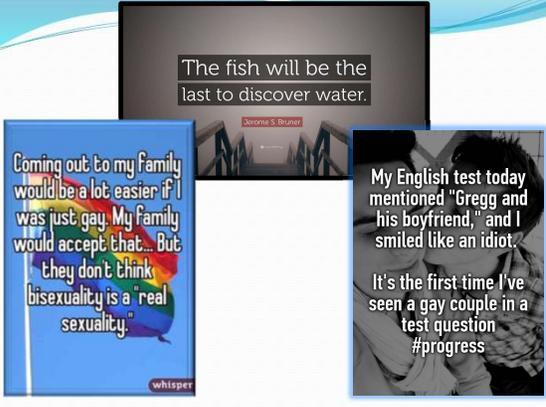
David:

I was not raised as a gay man; I was raised as a straight man.

Dylan:

I was not raised transmasculine; I was raised as a woman.

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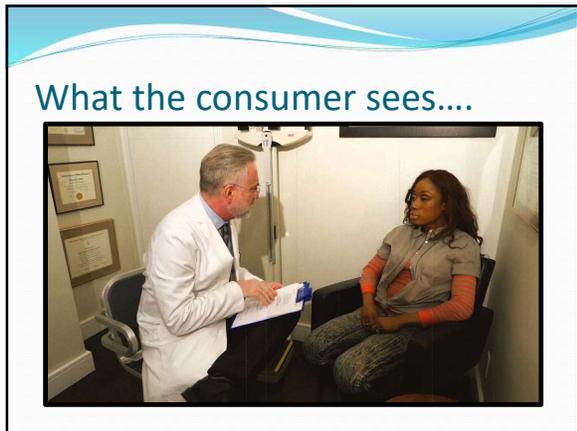
The fish will be the last to discover water.

Coming out to my family would be a lot easier if I was just gay. My family would accept that... But they don't think bisexuality is a "real sexuality."

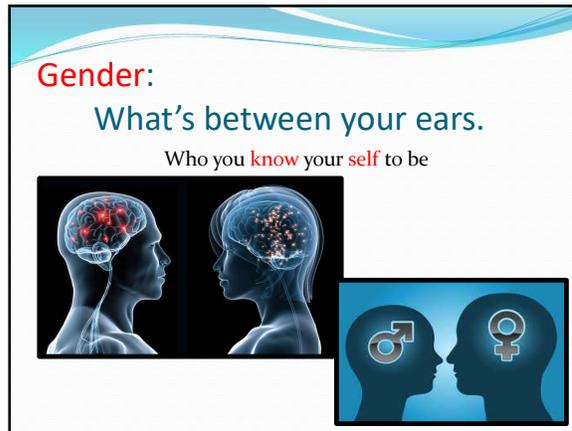
My English test today mentioned "Gregg and his boyfriend," and I smiled like an idiot.

It's the first time I've seen a gay couple in a test question #progress

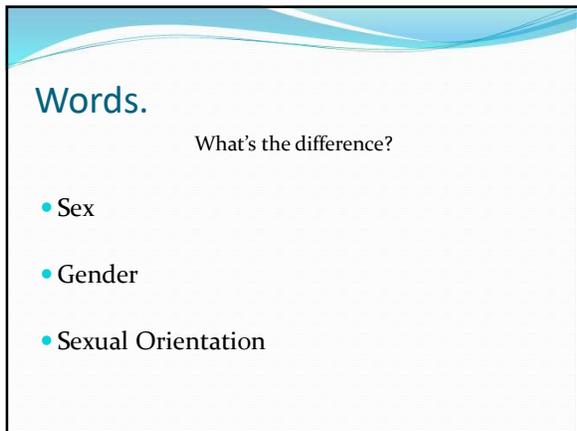
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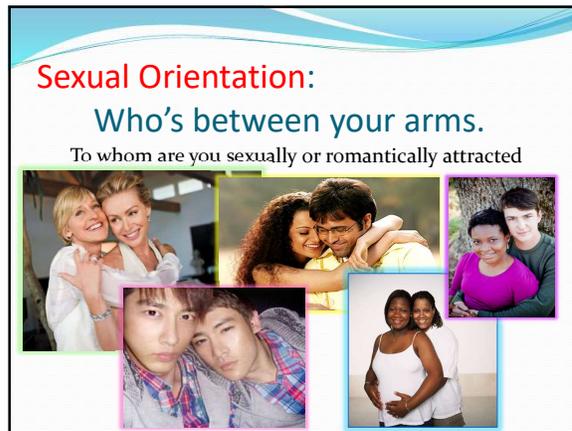
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Gender Unicorn

The Gender Unicorn Graphic by TSER

Gender Identity: Female/Woman/Girl, Male/Man/Boy, Other Gender(s)

Gender Expression: Feminine, Masculine, Other

Sex Assigned at Birth: Female, Male, Other/Intersex

Physically Attracted to: Women, Men, Other Gender(s)

Emotionally Attracted to: Women, Men, Other Gender(s)

To learn more, go to: www.transstudent.org/gender

Design by Landyn Pan and Anna Moore

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SD1

What informs your practice?



- Tom or his wife: Whom do you have a stronger sense of sympathy or empathy?
- What part of your own experience informs that reaction?
- How could that reaction affect: How you perceive and serve Tom? Perceive and serve his wife? Perceive and serve them as a couple?
- What response do Tom and his wife need from you in order to trust returning to your care?

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Progress notes.



Terry is a 28-year-old, single, Mexican-American, assigned male at birth, and identifies as a woman. Terry is sexually and romantically attracted to women.

What is Terry's sexual orientation?

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Behavior vs. Identity

- Research shows that between 2-8% of the general US population **identify** as LGB.
- But many more have had some gender attraction or sexual experience. More than 25 million Americans **acknowledge** some same gender attraction. (Kinsey Institute)
- Research with heterosexually-identified, college-age men revealed that subjects who scored higher on standardized homophobia scales were significantly more likely to show physical signs of arousal to gay pornography than subjects who had lower scores. Adams HE, Wright LW Jr, Lohr BA (1996)
- **Important to understand and use the words your client uses, until he or she is ready to integrate potential change into his or her identity. (straight, curious, bi, gay...)**

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Progress notes.



Tom is a 45-year-old, Caucasian, male, identifies as a man, married 20 years to a woman and has 2 children. Tom states: "I think I might be bisexual." He has infrequent sex with his wife, but a couple of times a month secretly goes out with gay friends to gay nightclubs where he sometimes meets male sexual partners.

What is Tom's sexual orientation?

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Meyer's Theory of Minority Stress

Stress in addition to general stress of daily living because of not fitting into or being stigmatized by the dominant culture or social system.

- Prejudice, discrimination and violence
- Concealment
- Expectation of rejection
- Internalized negative messages

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SD1

Schoelen, David, 3/19/2021

Discrimination and health

- LGB people who had experienced a prejudice-related stressful life event (e.g., assault, being fired from a job) were about three times more likely than those who did not experience a prejudice-related life event to have suffered a serious physical health problem over a one-year period



~Frost, Lehavot, & Meyer, 2011

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Confidentiality

- Orient your client that you work on a team and that if psychiatric, peer, or case management services are required, that you will need to identify them as LGBT to ensure appropriate care.
- Never assume that even the most “out” client is publicly identified to others in their informal support system.
- Ask who knows about their LGBT identity and who you have permission to acknowledge this to.
- Ask what name/pronoun your client wants used when talking to members of their support system.

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Concealment and Health

- Concealment was found to have a significant effect on health outcomes of gay/bisexual men even after controlling for the effect of other potentially confounding factors, such as coping styles, health behaviors, and mental health problems



~ Cole, Kemeny, Taylor, & Visscher 1996

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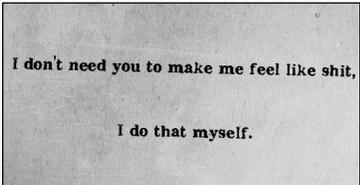
Coming Out



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Internalized homophobia & risk

- Men with high levels of internalized homophobia demonstrate high levels of fatalism regarding the eventuality of becoming infected with HIV, which in turn, is associated with increased HIV risk behavior



~Yi, Sandfort, & Shidlo, 2010

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Different people; different experiences

- Uniquely among minority groups, LGB populations may suffer from prejudice and rejection at home—from family and friends—as well as strangers.



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Rejection: The reality

As many as **40%** of homeless youth identify as LGBT.



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How young would they know?: Sexuality

- Studies suggest that people of all sexual orientations, first become aware of sexual attraction at approximately age 10.
- *Family Acceptance Project* (2009) research found that the average age that youth realized they were gay was around age 13, but many of them knew as young as 7-9.



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Rejection: Statistics

Top five reasons why LGBT youth are homeless or at-risk of becoming homeless (n=381)

Ran away because of family rejection of sexual orientation or gender identity	46%
Forced out by parents because of sexual orientation or gender identity	43%
Physical, emotional, or sexual abuse at home	32%
Aged out of the foster care system	17%
Financial or emotional neglect from family	14%

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What does acceptance/rejection look like?

- *Loving Open*: Family relationships were loving before coming out; little denial; open recognition to family and social system
- *Loving Denial*: Positive contact remained but LGBT status is not acknowledged; conditional acceptance – overt recognition was not tolerated
- *Resentful Denial*: Limited contact; if LGBT status is acknowledged done so with disapproval; not shared with social system
- *Hostile Recognition*: Estranged; animosity. Relationships poor prior to coming out. And/or addiction, neglect or abuse were part of family background

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What factor is the best predictor of a positive outcome when coming out to family?

- The family already has a LGBT relative.
- Quality of parent-child relationship before the coming out.
- The family's level of education



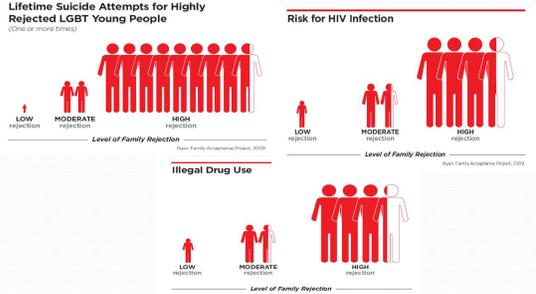
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Consequences of rejection.

Lifetime Suicide Attempts for Highly Rejected LGBT Young People
(One or more times)

Risk for HIV Infection

Illegal Drug Use



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Rejection: Can I be a happy adult?

We also found that when gay and transgender youth were accepted by their families, they were much more likely to believe they would have a good life and would be a happy, productive adult. In families that were not at all accepting of their adolescent's gay or transgender identity, only about 1 in 3 young people thought they would have a good life as a gay adult. But in families that were extremely accepting, almost all LGBT young people thought they would have a good life.

Youth Believe They Can Be A Happy LGBT Adult

Level of Family Acceptance	Percentage
EXTREMELY accepting	92%
VERY accepting	77%
A LITTLE accepting	59%
NOT AT ALL accepting	35%

Ryan, Family Acceptance Project, 2009

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Strengths.

Gay male youth who identified their difference at an early age and who had good parental support, during adolescence developed the resiliency and self-protection skills necessary to navigate anti-gay bias.

These youth had self-esteem and self-discipline that was as good or better than their heterosexual peers.

-A. L. Anderson, 1998

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Coming Out as an Adult: Finishing Adolescence

- Experience a “developmental lag” characterized by uncertainty of relationship initiation and insecurity
- Courtship trials and primary relationship building that was interrupted during chronological adolescence
- Confusion over roles and hidden rules
- May be characterized by an increase in sexual behavior or “puppy love” crushes
- “Being a gay and lesbian teenager” even in adulthood

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Discovering.



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A Story Heard: LGBT-narratives



Quier people don't grow up as ourselves, we grow up playing a version of ourselves that sacrifices authenticity to minimise humiliation & prejudice. The massive task of our adult lives is to unpick which parts of ourselves are truly us & which parts we've created to protect us.

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Developmental Theories

- Lesbian and Gay Identity Model. Cass, 1979
- The Layer Cake Model of Bisexual Identity Development. Bleiberg, Fertmann, Friedman & Godino, 2005
- Transgender Emergence. Arlene Istar Lev, 2004



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LGB – which letter? What feelings?

Bisexual Stereotypes and Countertransference



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Morales (1989) Identity Formation Model for Ethnic Minority Gays and Lesbians

This model is outlined in form of “States” instead of “Stages,” suggesting a person may be at one or more states rather than being at a particular stage.

1. Denial of Conflicts: minimizes reality of racial discrimination; SO may not be defined; sexual choices have limited consequences in their lives
2. Bisexual vs. Gay/Lesbian Issues: May prefer to identify as bisexual – though no differences in behavior compared to gay/lesbians

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Ethnic cultural considerations



- Racism within the LGBT community can prohibit ethnic minority members from feeling accepted. Some ethnic cultural communities consider LGBT experiences as a Caucasian cultural phenomenon. Can result in conflict between ethnic cultural identity and LGBT identity.
- The California LGBT Mental Health Disparity report (2012) revealed that given an opportunity to rank the rejecting behaviors of all personal and professional communities, African-Americans and Asian-Americans ranked their own ethnic-cultural communities as the most rejecting community of their LGBT identity.

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Morales (1989) Identity Formation Model for Ethnic Minority Gays and Lesbians

3. Conflict in Allegiances: Simultaneous awareness of being both an ethnic and a sexual minority creates anxiety that results in need to keep these identities separate; increasing anxiety about betraying ethnic community or LGB community
4. Establishing Priorities in Allegiances: Primary allegiance to the ethnic community prevails; resent lack of integration of ethnic and LGB communities; angry at rejection by LGB community
5. Integration of Communities: Develop multicultural perspective; adjust to realities of being LGB of color; may heighten anxiety leading to feelings of alienation

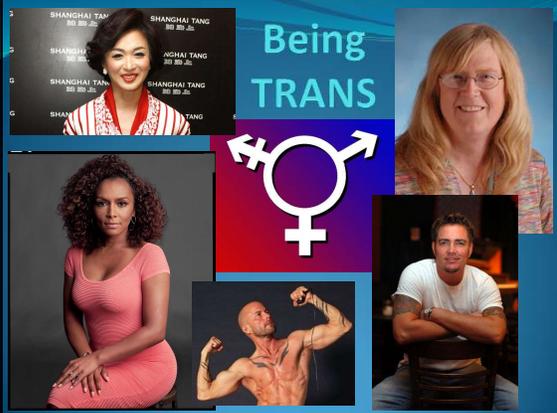
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I went from being one of the most invisible people in our society, an African-American woman, to being one of the most feared people in our society, an African-American man.

~ African-American Transman

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Being TRANS



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A New Story Emerges



MY THIRD GRADE TEACHER CALLED MY MOTHER AND SAID, "MS. COX, YOUR SON IS GOING TO END UP IN NEW ORLEANS IN A DRESS IF WE DON'T GET HIM INTO THERAPY. AND WOULDNT YOU KNOW, JUST LAST WEEK I SPOKE AT TULANE UNIVERSITY, AND I WORE A LOVELY GREEN AND BLACK DRESS."
Laverne Cox attn:

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Some Science

- Guillamon and Plaja, 2013: MRI scans both before and after hormone therapy. Even before treatment, the brain structures of trans-people had similarities to the brains of their experienced gender.
- Burke Bakker, 2014: Adolescents with gender dysphoria responded much like peers of their experienced gender when smelling a pheromone that is known to cause a different response in the hypothalamus of men versus women.

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Standards of Care



- Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People, **The World Professional Association for Transgender Health (WPATH)**, v7, 2011
- Association for Lesbian, Gay, Bisexual, and Transgender Issues in Counseling (ALGBTIC), *Competencies for Counseling with Transgender Clients*, 2009
- Substance Abuse and Mental Health Services Administration, *A Practitioner's Resource Guide: Helping Families to Support Their LGBT Children*. HHS Publication No. PEP14-LGBTKIDS. Rockville, MD: Substance Abuse and Mental Health Services Administration, 2014.
- Ensuring Comprehensive Care and Support for Transgender and Gender-Diverse Children and Adolescents, American Academy of Pediatrics, 2018

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How young would they know?: Gender

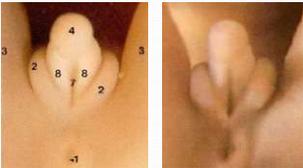
- Gender identity is established at an early age, generally by age 3.
- *Gender roles or sex roles are social and cultural expectations and beliefs about appropriate male or female behavior.*
- Children generally internalize expectations related to gender roles between ages 3 and 7.
 - Adults often expect children to adhere to culturally defined gender roles and may subtly or overtly punish children who exhibit behavior contrary to these expectations.

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9 week old embryo

At the ninth week, there are not yet any notable differences.

1. Anus
2. Labioscrotal folds
3. Legs
4. Genital tubercle
7. Urethral groove
8. Urogenital folds



The male is on the left (with numbers) and the female on the right. You find the same structures on both fetuses.

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Gender, Gender Expression

- "My child has always identified with girls and often likes to dress in girl's clothes at home, but he is quite clear that he is a boy and does not want to be identified as a girl."
~mother of gender creative child
- "I didn't know that women could look like men and still feel like women. . . . I had been struggling and thinking I was transgender. . . seeing women dressed in clothes that I like, with boxers on, loose jeans, men's shirts, short hair, and walking in that way I thought only guys did, I realized that I wasn't a guy at all. I was [like the women I saw that day]. . . ."
~16-year-old woman

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Some thoughts on language:

The minority was typically first named by the majority; only when the minority gains voice do they assert that the majority got it wrong. As gender and sexuality becomes more openly discussed, and emerging voices define themselves, language evolves and can change quickly. Terms are not necessarily homogenous and each person relates to their words personally - words that can have individual or unique definitions for each person.

Language can be used to intentionally and unintentionally offend, especially when used by someone outside of the related community. Language is also how we connect and engage. Some people will be more flexible and some will be more protective of their preferred terms. It is always good to ask about preferred terms or to use the same terms used by the speaker.

We will all get it "wrong" sometimes. The important thing is to apologize and correct.

- David M. Schoelen, LCSW

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What informs my practice? 

- Does it "feel" different to work with a TGNB consumer than a LGB, cisgender consumer?
- Was that always your experience? If not, what changed?
- If you are TGNB-identified, how does it feel to work with a TGNB-client vs. a cisgender client?
 - What are both the benefits and vulnerabilities of mutuality?
 - What areas of a transnarrative are most sensitive for you? (awareness, coming out, transition, family...)

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The "umbrella" Term?

- Transgender
- Trans spectrum
- Genderqueer
- Gender non-conforming
- Gender variant
- Gender non-binary
- Gender creative
- Gender expansive



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Some stats

- Trans people often face discrimination even in the LGB community from gays and lesbians.
- 19% refused medical care due to trans status (higher for trans people of color)
- 28% were harassed by medical providers
- 42% unemployment rate (most anti-discrimination laws do not cover people who are transgender)

National Transgender Discrimination Survey Report on health and health care
Findings of a Study by the National Center for Transgender Equality and the National Gay and Lesbian Task Force
By Grant, Mottet, Tanis 2010



NOVEMBER 20
Transgender
Day of Remembrance

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Words and Engagement

- Ask about pronouns. If you are uncertain, go with person's attire until you are corrected. May want gender neutral pronouns: "ze; hir; they(singular/neutral)"
- Transitioning is both a psychological and physical process. May or may not involve hormones or surgery. Do not assume that gender reassignment surgery is the Trans person's goal.
- Do not invalidate the trans person's identity by expressing that someone who has had surgery is the "real" man or woman and those that have not are somehow incomplete.

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Violence and discrimination

- 59% of gender expansive respondents reported history of rape or forced sex
- 60% reported being victim of a hate crime
- 20% of LGBT murder victim are transgender
- 40% of all police initiated violence

2020 has seen at least 37 transgender and gender non-conforming people violently killed, more than any other year since HRC began tracking this data in 2013.
- Human Rights Campaign (HRC) Foundation



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Engagement too

- Do not ask about surgical status or genitals when first meeting a trans person unless he or she offers. This would be like someone asking you about your genitals at first meeting.
- Transitioning has many nuances: changes in appearance, changes in names, how family and friends react and respond to you, what bathroom to use, how to handle when someone “flirts” with you as your identified gender; discussing gender and anatomy with sexual partners; managing medical/health care.

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What informs my practice?



How someone presents can consciously or unconsciously influence us.

- How do gender expression norms of femininity or masculinity affect:
 - Your reaction to a transperson who does not “blend”?
 - Is it more comfortable to work with someone who does blend?
 - Is it more comfortable to work with someone who meets the attractiveness ideal of their gender identity?
 - Does the “incongruence” trigger any of your own memories or experiences regarding “measuring up” to social gender ideals? Your own messaging about how a man or woman should: dress, look, wear makeup, manage personal grooming?

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What informs my practice?



The expressed identity of our client and the words they choose to describe their identity can consciously or unconsciously influence us.

1. How does it feel differently to serve someone who identifies as:
 - Gender Fluid
 - Gender queer
 - Non-binary
 When compared to serving someone who identifies as a “trans-man” or a “trans-woman”?

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You.



- Your client will experience rejection from one or more community: family; friends; school; work; ethnic-cultural; church; health care system.
- You may be the only person who validates their value
 - What is that like for your client?
 - What is that like you for you as practitioner?



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What words we choose.

“Psychologists strive to refrain from assuming that they know what a client means when they say, “I want to be a woman” or “I am a man.” A useful follow-up question to such a statement could be, ‘What kind of _____ (e.g., man, woman, genderqueer person) are you or would you like to be?’ Bringing a spirit of curiosity and openness to the exploration or discussion of gender, whether it be one’s assigned or socialized gender experience or the experience to which one may be headed ...”

Chang, Singh (2016)

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CD3



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Slide 66

CD3

I'm sending a colorful one of these, if you want to use it instead of B&W :)

Colt, Dylan, 3/2/2021