LGBTQ TA CENTER

Our Opportunity to Narrow the Gap: Working with individuals in LGBTQ+ communities

Ebony M. Williams, Psy.D.

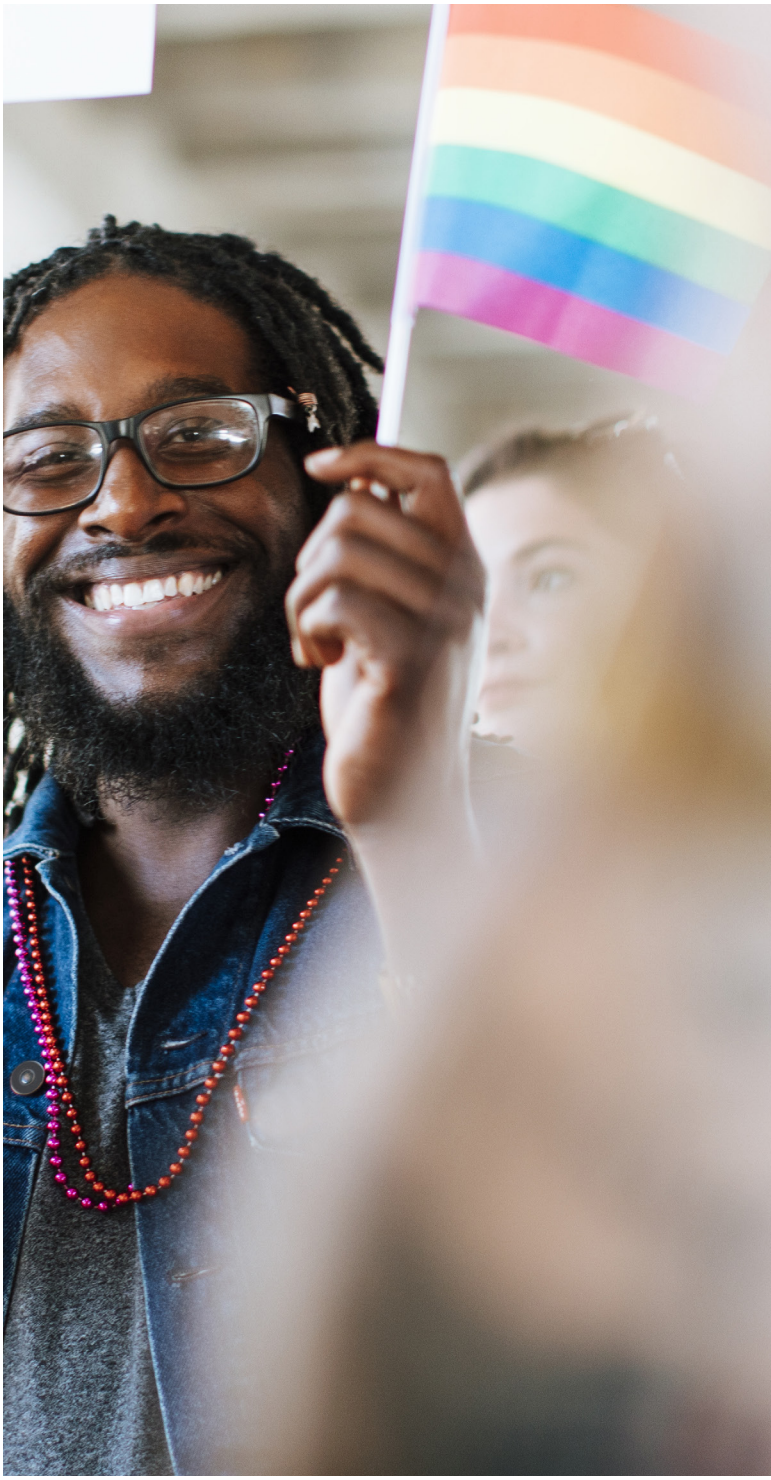
Heterosexist, heteronormative, gender binary, and gender-conforming constructs have been the founding blocks of this nation since its colonization. They are integrated into our social service systems, leaving many cultural groups, especially within LGBTQ+ communities, without compassionate, equitable, efficient, and culturally responsive services. Instead, these groups experience discrimination, prejudice, and service negligence. Such discriminatory practices may deter members of LGBTQ+ communities from seeking appropriate services. This maltreatment is described as sexual prejudice (Herek, 2000).

Herek (2000) defines sexual prejudice as a "term covering all negative attitudes toward the LGBTQ community." Sexual prejudice and stigma result in homophobia and transphobia, or fear, disgust, or loathing of individuals who identify as lesbian, gay, bisexual, transgender, and queer. (Grubb, 2021). Sexual prejudice and stigma permeate mental health and substance use disorder (SUD) agencies, causing disproportionately high unmet service needs for LGBTQ+ communities.

This brief offers an overview of research-based frameworks and recommendations that SUD and mental health providers can use to support LGBTQ clients and communities.

Providers must take action to decrease the probability of sexual prejudice and inequitable, ineffective, and culturally irresponsive services to individuals within LGBTQ+ communities. For instance, it is essential to immerse oneself in the terminology commonly used within the culture. Additionally, providers should never assume to know the individual's identities—sexual or otherwise. To assume could leave room for providers' implicit biases to direct the course of preventive action. Such actions could also lead to culturally insensitive prevention strategies, ultimately serving as a hindrance and roadblock to health equity, and they may traumatize or re-traumatize the individual seeking service.

RISK FACTORS FOR SUBSTANCE USE AND MENTAL ILLNESS



This section will explore risk factors regarding substance use and mental illness among LGBTQ+ individuals. Increased stress levels are a risk factor for substance use, as are heterosexism and stigma. The mental health of many individuals who identify as LGBTQ+ may be negatively affected by multiple traumatic experiences, including discrimination and sexual prejudice, as well as related stressors, including family rejection, fear of coming out, harassment, housing instability, minority stress, and more. Furthermore, research suggests LGBTQ+ individuals experience higher rates of depression and anxiety than individuals who identify as heterosexual.

Addressing such trauma and discrimination is essential in understanding substance use (Russell, 2012). Reducing mental and emotional duress and treating mental illnesses are the most significant preventive measures for preventing substance abuse (Russell, 2012).

Preventive Strategies for SUD Services

According to TIP 59: Improving Cultural Competence (2014), a guide put out by SAMHSA, cultural competence "begins with awareness and commitment," and "evolves into skill-building and culturally responsive behavior within organizations and among providers." This framework is well-intentioned, but it contains potential pitfalls. For instance, "cultural competence" often connotes acquiring a finite set of skills and "complete" knowledge; too often, such an approach involves deeming oneself the expert. Competence also suggests that there is an endpoint and implies mastery. These are significant problems; if service providers subscribe to the notion that they will eventually develop complete competence within a construct that is dynamic, flexible, and ever-changing, it is safe to assume that many will repeatedly run into roadblocks when attempting to provide culturally responsive services. Such definitions of competence do not quite fit when it comes to understanding culture and its nuances. Culture cannot be contained. Sexuality is not confined. So how are service providers to develop competence within constructs that, because of their vastness, prevent individuals from ever attaining definitive mastery? One way for providers to create such skill sets is by learning about, immersing themselves in, and honoring the importance of developing cultural humility.

LGBTQ+ AFFIRMING STRATEGIES

Providers should strive to decrease re-traumatization when serving LGBTQ+ communities by using LGBTQ+ affirming strategies. Here are possible approaches:

Trauma-Informed Care Strategies

The following are SAMHSA's six fundamental principles central to a trauma-informed approach, followed by applications and considerations for providers serving LGBTQ+ communities (SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, 2014):

1. ***Safety*** – The organization, its staff, and the clients feel "physically and psychologically safe." The understanding of safety according to the client must be a top priority. Because hate crimes, bullying, sexual prejudice, violence, and even death pervades LGBTQ+ culture and experience, both historically as well as currently, safety and confidentiality are of the utmost importance. Having brochures focused on LGBTQ+ experiences, LGBTQ+ symbol stickers on one's badge are examples of notifying individuals who identify as LGBTQ+ that one's space is safe.

2. ***Trustworthiness and Transparency*** – When an organization operates with transparency, the goal is "building and maintaining trust with clients and family members, among staff, and others involved in the organization." Please remember the term "family" can have different meanings within the LGBTQ+ communities.

3. ***Peer Support*** – Peer support is useful for "establishing safety and hope, building trust, and enhancing collaboration" all while acknowledging the client's experiential reality to promote recovery and healing.

4. ***Collaboration and Mutuality*** – This principle focuses on "the leveling of power differences between staff and clients"—the sharing of power, or an egalitarian approach. Providers can acknowledge discriminatory societal practices and sexual prejudices—and work to not replicate similar practices in their own thoughts and behaviors. Providers must explore their worldview and value system regarding sexuality.

5. ***Empowerment, Voice and Choice*** – Recognize the clients' and communities' strengths. Understand the historical injustices within the clients' lives and LGBTIQ2-S+ communities as a whole. This principle promotes clients' self-advocacy as service professionals provide safe, collaborative support.

6. ***Cultural, Historical, and Gender Issues*** – This principle "actively moves past stereotypes and biases" through racially, ethnically, and culturally responsive policies and practices—for example, offering "access to gender responsive services," integrating clients' cultural values into services, and addressing historical trauma. Providers must avoid pathologizing sexuality and consensual sexual practices.

LGBTQ+ Affirmative Practices/Gay Affirming Practices (GAP)

LGBTQ+/Gay Affirmative Practice (GAP) means to provide services to individuals who identify as LGBTQ+ with safe, appropriate, efficient service in a way that allows the individual to openly express their sexual orientation and various gender identities and expressions (Dentato, 2017). To offer affirmative services, providers must adopt certain attitudes, such as viewing "same-gender sexual desires and behaviors…as a normal variation in human sexuality" and understanding that "the adoption of an LGBTQ identity is a positive outcome of any process in which an individual is developing a sexual identity" (Muñoz). Additionally, service providers must demonstrate

their knowledge. For instance, they should know not to automatically assume that a client is heterosexual or cisgender. They must understand that the coming out process is not the same for everyone, and that racial, ethnic, and cultural factors can shape how one comes out. (The Human Rights Campaign has a series of culturally specific briefs on coming out: hrc.org/resources/coming-out). They must also "understand the coming out process and its variations" (Muñoz). Finally, providers' skills must demonstrate that they have dealt with their own homophobia and are working to address their own implicit biases and assumptions.

Gay affirmative practices are based, in part, on the principle of health equity. Health equity is the ethical and human rights principle that motivates us to eliminate health disparities. Advocacy is vital in promoting policies that help improve health equity. Additionally, providers must have a willingness to conduct systematic research to measure demographic trends within LGBTQ+ communities in order to address existing health disparities. In turn, this necessitates doing community outreach and establishing strategic planning frameworks. Such outreach requires taking a person-centered approach. For example, providers must understand that the individual who identifies as part of an LGBTQ+ community is the expert of both their experience and the desired outcomes of their care. Providers should also recognize that this approach may include family and community members.

Finally, providing responsive care to LGBTQ+ individuals and communities must involve acknowledging that sexuality and its various identifications have no bounds. In other words, there is no predetermined set of rules for how gender and/or sexual identity will manifest or for how this will relate to an individual's care. Thus, providers must approach clients with cultural humility, a lack of assumptions, and a genuine willingness to listen to clients' experiences, needs, and desires.

Conclusion

In conclusion, providers must respond flexibly to the ever-changing dynamism of LGBTQ+ culture and population. This population is considered marginalized, oppressed, and stigmatized, yet also proud—proud despite society's discomfort and discrimination. However, LGBTQ+ communities are resilient. These communities face life every day knowing that society's infrastructure is not set up for their advancement. Furthermore, they experience intersecting oppressions and minority stress. Therefore, for the prevention, treatment, and recovery strategies mentioned above to be successful, the provider must supply compassion, empathy, competence, and, most importantly, love—to respect the elasticity of sexuality and accept it.

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