Engaging and Retaining LGBTQ Youth in Culturally Responsive Services

Andrew S. Kurtz MA, MFT,
& Brandy T. Oeser, MPH
UCLA Integrated Substance Abuse Programs
Pacific Southwest Addiction Technology Transfer Center

Limitations

• Lack of reliable data on how many lesbians, gay men, bisexuals, and transgender people in the general population

• Reluctance to disclose sexual orientation, gender identity, and drug use

• Use of convenience samples which may bias results;
  ➢ collecting data in gay bars
  ➢ from LGBT events like Pride Parades
  ➢ at HIV services organizations
So what do we know?

• Studies vary widely, citing that between 1% and 10% of the population is LGBT. Commonly cited recent study indicates that 3.8% are LGBT (Williams Inst Review, 2011)
  — Numbers vary because definitions vary
    • Behavior
    • Identity
    • Attraction
    • Fantasy
    • Etc.
  • A recent study cited that **10.3%** of California’s students in public middle and high schools identified as LGBTQ (Williams Inst, 2017)

Exploring Identity

• We aim to respect and affirm clients’ identities, regardless of our opinions and judgments.

• Whatever word, description and or term client’s use, we should reflect that wording in our interactions with that client.

• Youth are much more fluid – reluctant to be placed in one of our “boxes”

A Note About Adolescent Development
Continuing Brain Development

Early in development, synapses are rapidly created and then pruned back. Children's brains have twice as many synapses as the brains of adults. Shore, 1997

Brain Development

Ages 5-20 years

- MRI scans of healthy children and teens compressing 15 years of brain development (ages 5-20).
- Red indicates more gray matter, blue less gray matter.
- Neural connections are pruned back-to-front.
- The prefrontal cortex ("executive" functions), is last to mature

The interaction between the developing nervous system and drugs of abuse leads to:

- Difficulty in decision making
- Difficulty understanding the consequences of behavior
- Increased vulnerability to memory and attention problems

This can lead to:

- Increased experimentation
- Increased risk associated with substance use, coping, mental health, etc.
Stigma toward LGBTQ Individuals

• While improving in some places, LGBTQ individuals continue to experience stigma and discriminatory attitudes.

• It is critical that service providers understand the complexity and context of high-risk behaviors for HIV, STDs, HCV, etc.

LGBT Stigma and Stress:

In 2014, the Centers for Disease Control and Prevention listed in the Healthy People 2020 Report:

– LGBT youth are 2 to 3 times more likely to attempt suicide.
  (Garofalo et al., 1999)

– LGBT youth are more likely to be homeless.
  (Conron, Minkoff, & Lusden, 2010; Klein, 2010; Van Leeuwen et al., 2006)
### Coming Out

The term "coming out" refers to the experiences of lesbians and gay men as they work through and accept a stigmatized identity, transforming a negative self-identity into a positive one.

"The loneliness of the closet was sucking all the life out of my body... I needed to come out... but was terrified of losing my family and friends and of facing up to my own homophobia. Then one day, when I was feeling feisty, I gathered all of the courage I could find (even from my eyelids I think) and began to tell my long-kept secret. I felt so relieved I no longer had to spend my life in hiding..."

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### Additional Risk for LGBTQ Youth

- LGBTQ youth have higher rates of mental health difficulties, substance use, and risky sexual behaviors than the general population
- Factors contributing to mental illness and substance use among LGBTQ youth include poverty, racism, homophobia, limited health insurance, lack of transportation, homelessness, unemployment, limited education, and low health literacy
- These experiences lead to shame, depression, suicide attempts, substance use, and risky sexual behaviors.

### Substance Use among LGBTQ Individuals

- Substances used to:
  - self-medicate due to family and other social conflicts
  - deal with social alienation and isolation
  - decrease anxiety in social and sexual situations
  - reduce sexual inhibitions and enhance experiences.
Special Issues for LGBT Youth

**LGBT Youth of Color:**
- Integrating their sexual, racial, and ethnic identities
- Interacting with three separate communities—ethno-cultural, LGBT, and mainstream
- Managing more than one stigmatized identity.

**All LGBT Youth:**
- Higher risk for depression and suicide
- Homelessness is a particular concern for LGBT youth with reports from various studies showing ranges from 20% to 40%
- Homeless youth are at high risk for exploitation; e.g. survival sex (exchanging sex for food, drugs, or shelter)
- LGBT homeless and runaway youth have many health and social problems.

HIV Incidence among YMSM

- In 2014, YMSM accounted for 80% of new HIV infections among 13-24 year olds in the U.S.
- Between 2005 and 2015, HIV diagnoses among African American and Hispanic/Latino YMSM increased 87%
- 55% of HIV-positive YMSM in 2014 were African American

SOURCES: CDC, 2016; CDC, 2015; Prejean et al., 2011

LGBTQ Youth – California

- New study by the William’s Institute demonstrated that across the state LGBTQ youth experienced disparities in school climate, victimization reports and substance use (October, 2017)
### LGBTQ Youth - California

- Across the state, LGBTQ youth reported having less
  - Meaningful school participation
  - Fewer caring adult relationships at school
  - Lower level of school connection than non-LGBTQ youth
- LGBTQ youth also reported higher rates of verbal and physical harassment than non-LGBTQ youth
- LGBTQ youth in Rural areas experienced a more negative school environment as compared to those in Urban areas
  
  *(Williams Inst, 2017)*

### LGBTQ Youth - California

- LGBTQ youth reported more frequent usage of cigarettes and marijuana over their lifetime
- LGBTQ youth reported more frequent use of cigarettes, marijuana and alcohol in the past 30 days

  *(Williams Inst, 2017)*

### Bullying and Trauma

**LGBT adolescents are twice as likely as straight students to feel unsafe or afraid at school, some, most, or all of the time.**

- 97% of students in public high schools report regularly hearing homophobic remarks from their peers.
- LGBTQ youth are two to four times more likely than their heterosexual peers to have been threatened or injured with a weapon at school. 34% of lesbian, gay, and bisexual students surveyed had been the target of verbal assaults at school or en route to or from classes.

> “I hated school my entire life. Even before I knew I was gay, I knew I was different and others picked up on that.”  
> - current student
Schools Staff

School officials and guidance counselors continue to be unaware of the need to protect LGBT youth from harassment.

“I know people at school that get taunted and harassed. They feel overwhelmed and have no one to turn to.”
- current student

- Of 289 high school counselors surveyed in the Seattle Safe Schools Survey, one in six thought there were no lesbian, gay, bisexual or transgender youth in their schools.

- 20% believed they were not competent at counseling LGBT students

The Impact of Bullying

- Attack on physical safety and basic needs
- Assault on a sense of belonging
- Destroys sense of belonging
  - Especially, when unrecognized
  - Multifactorial when electronic
- At its core, is an attack of one’s sense of self

Risk and Protective Factors for LGBTQ Youth (CSAP 1993)

<table>
<thead>
<tr>
<th>Risk Factors</th>
<th>Protective Factors</th>
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<tbody>
<tr>
<td>Higher school dropout rates</td>
<td>Social support and prosocial bonding with peers</td>
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<td>Inadequate services that are not culturally relevant</td>
<td>Increases in knowledge through peer education</td>
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<td>Violence and fear of disclosure among peers in the community</td>
<td>Situational self-efficacy; teaching youth coping skills for dealing victimization</td>
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<td>Pro-use norms in the adult LGBT communities; lack of adult role models</td>
<td>Community support- positive LGBT adult role models</td>
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<td>Family support</td>
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Treatment Considerations

To treat me, you have to know who I am...

Cultural Competency

- Cultural Competency has been used interchangeably with diversity education, cultural sensitive training and multicultural workshops
- A cultural competency training aims to increase knowledge and skills to improve ones ability to effectively interact with different cultural groups
- LGBT cultural competency trainings have been developed and implemented to improve healthcare and social service delivery to LGBT patients and clients and therefore decrease LGBT health disparities
  - Several have been developed
    - Provider’s Introduction to Substance Abuse Treatment for LGBT Individuals curriculum (ATTC/SAMHSA)
“Cultural Humility” Perspective

“Lifelong process of learning, self-examination & refinement of one’s own awareness, knowledge, behavior and attitudes on the interplay of power, privilege and social contexts”


Cultural Humility:

Cultural humility invites providers to:

— Relinquish the role of expert to the patient, becoming the student of the patient.
— See the patient’s potential to be a capable and full partner in the therapeutic alliance.
— Redress the imbalance of power inherent in physician-patient relationships.
— Recognize we are not better than our clients, and they teach us about their lives and community.


Cultural Humility:

Cultural humility invites providers to:

— Engage in self-reflection and self-critique.
— Bring into check the power imbalances, by using patient-focused interviewing and care.
— Assess the cultural dimensions of the experience of each patient.

Practitioner Awareness - YOU

- Consciousness of one’s personal reactions to people who are culturally different.
- Social science research indicates that our values and beliefs may be inconsistent with our behaviors, and we ironically may be unaware of it.

You Have a Choice

Cultural Humility requires choice & action

- choosing to enhance cultural proficiency,
- adding to knowledge base,
- personal and professional introspection,
- checking for assumptions and bias,
- engaging in consistent practice assessment,
- seeking and using supervision &
- support, exposure/interaction with populations,
- choosing to take professional and culturally competent actions to promote health and goal attainment for all individuals,
- acknowledgement and investigation of less culturally competent practice,
- willingness & fortitude to engage in an on-going process

Defining LGBT Affirmative Care

- LGBT-tolerant
  Aware that LGBT people exist and use their services

- LGBT-sensitive
  Aware of, knowledgeable about, and accepting of LGBT people

- LGBT-affirmative
  Actively promote self-acceptance of an LGBT identity as a key part of recovery
Treatment Programs

In treatment programs, LGBT clients report:
- Experiencing more stigma from treatment program staff than from other clients.
- Programs do not address trans and/or sexual orientation issues.
- Being required to use sleeping and shower facilities inconsistent with their current gender identity.

Approaches, Levels and Continuum of Care, and Access to Treatment

- Factors to consider in serving LGBTQ clients
  - Sexual orientation and gender identity issues
  - Coming out
  - Social stigma and discrimination
  - Health concerns, such as HIV/AIDS
  - Homophobia and heterosexism
- Level of care
  - Residential vs outpatient
  - LGBT community based support services
- Continuum of care
  - LGBT specific versus mainstream

Staff Training Policies and Procedures

- Ensure that all new employees are familiar with agency policies regarding hiring of and providing services to LGBT clients.
- As a part of regular staff training, include such topics as "LGBT cultures and communities."
- Have a zero-tolerance policy covering both staff and clients regarding discriminatory language, bullying, aggression or violence
LGBT Adolescent Assessment and Treatment Checklist

✓ Alcohol, tobacco, and other drug use
✓ The adolescents’ social environment
✓ Sexual identity development
✓ Stage of coming out
✓ Level of disclosure about sexuality
✓ Gender identity
✓ Family and social support network
✓ Impact of multiple identities, gender/ethnic/cultural/sexual orientation
✓ Knowledge and use of safer sex practices

Taking a Family History

Inquiries for All Clients:
- What were the rules of the family system?
- Was there a history of physical, emotional, spiritual, or sexual trauma?
- Were all family members expected to behave in a certain way?
- What were the family’s expectations in regard to careers, relationships, appearance, status, or environment?
- Was sex ever discussed?

Additional Inquiries for YMSM Clients:
- How does the client identify?
- Who is the client’s family?
- Is the client out to his family? How did they respond?
- Was anyone else in the family acknowledged to be or suspected of being a lesbian, gay, bisexual, or transgender individual?
- What type of services has client received/does client want?

Families of Choice

LGBT people create family networks that are made up of individuals who are significant to them, including:

♥ friends
♥ partners
♥ families of partners
♥ ex-lovers
♥ blood relatives
♥ Others?
**Guidelines for Working With LGBT Families**

- Demonstrate support and understanding for the spouse, life partners, significant others
- No universal terminology regarding significant others in the LGBT community
- Acknowledge the individual’s self-identification
- Be careful of biases re: what a family should be
- Understand the diversity and variety of relationships in the LGBT community
- Do not assume there is no history of opposite-sex relationships

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**Facts About LGBT Parents**

The American Bar Association estimates that there are at least 6 to 10 million daughters and sons of lesbian, gay, and bisexual parents in the United States. Published studies have established that children raised by gay or lesbian parents are no more likely to grow up gay or lesbian than other children (Patterson 1992).

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**Facts About LGBT Parents**

The reality of today is that the “traditional” definition of the married, heterosexual couple with 1.5 children is only one of many types of families that children grow and thrive in (and maybe not the most common). Research suggests that children of LGBT parents are no different from children raised by heterosexual parents except that they tend to be more open and responsive to diversity.
YMSM Provider Summit

• Meeting was held September 10-11, 2015 at the Roosevelt Hotel in Hollywood, CA.

• 48 attendees from all over the country (providers applied to attend).

YMSM + LGBT Summit

SUD, mental health, HIV providers and other experts discussed best practices and lessons learned to help decrease the rate of substance use and new HIV infections among racial/ethnic minority YMSM clients.
YMSM Provider Summit Recommendations

**Peer Services are Essential**: Involving racial/ethnic minority YMSM with personal experience receiving YMSM services in all aspects of service delivery is critical. Peers can serve as positive role models for minority YMSM, help fight stigma by representing services in the community, and make invaluable contributions to treatment by bringing client perspectives to programming and services.

YMSM Provider Summit Recommendations

**Services Need to be Holistic**: Though racial/ethnic minority YMSM may have pressing service needs related to behavioral health and HIV, they often face a variety of social and legal challenges. By making care holistic, and designing it to help YMSM address all of their life challenges, providers can better engage minority YMSM in treatment and ensure that all of their needs—not just those related to behavioral health and HIV—are properly addressed.

YMSM Provider Summit Recommendations

**Services Need to be Fun**: In order to engage racial/ethnic minority YMSM in treatment and keep them engaged in continuing care and recovery, it is important to make services engaging and fun. Continuously devising creative strategies to make services novel and engaging is critical.
YMSM Provider Summit
Recommendations

Technology is Important: YMSM today grew up in the internet age, and services need to incorporate technology—particularly social media—since it is central to how they find health information and make decisions.

Best Practices

- Be the champion in your organization
- Agency Collaborations: form partnerships with LGBT agencies in your community (HIV, Community Agencies, social services)
- Use of Peer Navigators
- Use of Social Networks
- Role of Social Media

- Processes and forms reflect diversity of LGBT & YMSM people and relationships
  - Use words like "relationships, partners, parents". Ask for preferred name/pronoun. "He", "Him" preferred pronoun/name usage is culturally proficient practice.
- Data is collected on sexual orientation and gender identity (include in EHRs)
  - We need data to accurately track health disparities.
- All patients receive sexual health histories

- Look at the whole person—integrated care
  - Unmet medical, mental/SUD health needs, socioeconomic, legal
Recommendations:

• Avoid labeling your clients.
• Meet clients where they are in the coming out process and respect their need to feel safe.
• Be guided by your LGBT clients, listen to what they say is comfortable for them.

Recommendations:

• Receive training to help you increase your knowledge and understanding of LGBT-related culture and beliefs.
• Create an atmosphere that is supportive.
• Acknowledge clients’ significant others and encourage their support and participation in prevention and treatment programs.
Recommendations:

• Advocate and create safety for LGBT clients.
• Support and encourage positive images of persons of color, YMSMs, LGBT, gender variant, non conforming, elderly, other abled individuals.
• Read and learn about LGBT community and culture.

Clinical Supervision

• Clinical supervision needs to be institutionalized in all agencies treating behavioral health disorders in LGBT populations to:
  – Address transference and counter-transference issues.
  – Ensure staff uses ethical and evidence-based practices.

Creating a Welcoming Culture

• Post a sign that says "We do not discriminate on the basis of age, race, sex, sexual orientation, gender identity/expression, religion, language, or disability."
• Have an affirmative action policy for hiring "out" transgender people. This will go a long way towards making trans clients more comfortable in your program.
• Waiting room reading materials and bulletin boards should include positive items about the diversity of the clients you serve.
• Explicitly discuss and maintain confidentiality.
• Learn how to ask sensitive, open and direct questions about gender issues, sexual orientation, risk behaviors and overall life adjustment.
• Provide gender neutral bathrooms wherever possible.
The world is changing for LGBTQ Youth

LGBTQ people in the media today...

www.ymsmlgbt.org