

Predair Robinson

Cultural Stipend Internship Project: LGBTQ 102 for Clinicians

Palo Alto University

May 26, 2016

The Project

For my 2015-2016 Cultural Stipend Internship Project, I was tasked with creating a LGBTQ specific training for BHRS. Working in close consultation with the co-chairs of the PRIDE initiative, we discussed the needs of the community and the scope on the project. It was determined that a LGBTQ training focused towards mental health providers with a heavy focus on cultural humility and the intersectionality of identity would be most appropriate given my training background. In addition to a formal workshop, while gathering information regarding LGBTQ-specific trainings, I would compile a digital folder for the PRIDE initiative for future trainings.

Over the course of the fall and winter quarter, I focused on identifying various LGBTQ trainings and collecting their curriculum. Many of these trainings were focused on basic terminology, stereotyping, and other basic introductory materials. As a member of the LGBTQ emphasis at Palo Alto University and previous practicum student at the Sexual and Gender Identities Clinic, I wanted to focus on theory and practice for mental health providers. In addition, given my own personal identity and experiences provider mental health services, I wanted the training to have a strong focus on cultural responsiveness/humility. This would be done primarily by highlighting multiple identities in the training, a subject too often forgotten about during these trainings. At the end of winter quarter, I sought out advice from the co-chairs and the initiative regarding elements of the training, including some preliminary exercises. With

their help, I was able to refine the materials. I also was able to ask for additional co-facilitators to assist in preparing and hosting the event. As we moved closer towards the date, the co-facilitators and I completed the necessary paperwork and continued to refine the powerpoint slides and other materials.

Reflections

Overall, I believe that planning this event was a great experience and starting point for this part of my career. Teaching has always been a passion for me, and this project allowed me to do such a thing. Of the challenges, one especially sticks out. It involves time management and the scope of the project. Initially, I planned on planning on a much smaller, shorter training; however, those plans were continually revised until I focused a much larger project. Fortunately for me, I had a great time of co-facilitator who were willing to help in the planning process. Specifically, the PRIDE co-facilitators were immensely helpful with paperwork, as well as excellent feedback on the project's materials and time allotment.

Recommendations

Given the scope and feedback regarding this presentation, I believe that a LGBTQ 101 and 102 type training should be constructed and regularly scheduled to ensure that this type of information is a standard part of BHRS. Additionally, this presentation and the additional resources can be used to create additional trainings that can target various other service providers. I also recommend that the PRIDE initiative take efforts to continually update these resources and to routinely construct a needs assessment to ascertain what LGBTQ trainings are needed for BHRS.

Appendix A: List of trainings/resources in Digital Folder

Appendix B: Flyer

Appendix C: PowerPoint Presentation

Appendix D: Case Vignettes

Appendix A: List of trainings/resources in Digital Folder

- I. American Psychological Association
 - a. Appropriate Therapeutic Responses to Sexual Orientation (2009)
 - b. Guidelines for Psychotherapy with Lesbian, Gay, and Bisexual Clients (2000)
 - c. Guidelines for Psychological Practice with Transgender and Gender Non-conforming People (2015)
- II. Best Practices for Creating and Delivering LGBTQ Cultural Competency Trainings for Health and Social Services Agencies
- III. Genderbread Person 3.3
- IV. LGBT Cultural Issues in Psychology (Robinson, 2016)
- V. The Addiction Technology Transfer Center Network (1st edition)
 - a. Participant Guide
 - b. Trainer Guide
- VI. The Impact of Sexual and Gender Microaggressions on LGBT Accessibility to Healthcare
- VII. The Safe Zone Project
 - a. Participant Packet
 - b. Facilitator Guide
- VIII. Training for Change: Practical Tools for Intersectional Workshops

Appendix B: Flyer



Behavioral Health
& Recovery Services
SAN MATEO COUNTY
Office of Diversity and Equity

San Mateo County

PRIDE
INITIATIVE



LGBTQ 102 for Clinicians: Theory, Practice, and Intersectionality

This training is aimed to help increase awareness and knowledge of theory and practice related to LGBTQ clients. Join us as we examine multiple LGBTQ-specific theories and how they relate to this population in a multicultural, socially-informed framework. Additionally, we aim to evaluate the role of stereotypes, personal bias, and countertransference on the therapeutic relationship.

Please be advised that this training is targeted towards individuals with a foundational knowledge of LGBTQ terminology and issues. This is suggested as we will move beyond the basics and into significant theory and practice.

Thursday, May 12th, 2016

1:30pm – 5:00pm

Redwood Shores Library Community Room
399 Marine Parkway, Redwood City, CA 94065

*The meeting space is provided as a community service by the City of Redwood City.
The City neither sponsors nor endorses this event nor the presenting individual or organizations.*

After attending this training, you will be able to:

- 1) List and describe three major LGBTQ-specific clinical theories.
- 2) Describe personal biases and cultural stereotypes that may hinder the therapeutic relationship.
- 3) Demonstrate knowledge related to theory, practice, intersectionality, and countertransference via vignettes.

Registration:

- Please register through LMS (www.smcgov.org/lms).
- If you do not have LMS, email Kim Westrick at kwestrick@smcgov.org with your name, email, and agency.

IMPORTANT CONTINUING EDUCATION INFORMATION:

This course is provided free of charge. Unless otherwise noted, all activities included within the course are eligible for CEU/CEH credit. For those attendees that successfully complete the course, a completion certificate will be provided at the conclusion of the course or within 30 days via mail/email.

San Mateo County Behavioral Health & Recovery Services is approved to provide the following:

-This course meets the qualifications for 3.5 hours of continuing education credits for LMFTs, LCSWs, and LPCCs as required by the California Board of Behavioral Sciences. CAMFT CE Provider # 128414

-Provider approved by the California Board of Registered Nursing, Provider Number CEP1405, for 3.5 contact hours.

-Provider approved by CCAPP-EI, Provider Number 4C-06-400-1117 for 3.5 CEH's.

-Provider approved by CADE, Provider Number CP15 712 C 1118 for 3.5 CEH's.

-CME application pending.

DISCLOSURE OF RELEVANT FINANCIAL RELATIONSHIPS: Speaker(s) Katy Davis, Dafne Luna, Predair Robinson, Lauren Szyper and Planners Katy Davis and Emmy Naranjo-Cabatic, declare that neither they, nor any member of their immediate families, have had a financial relationship in the past 12 months that is relevant to this training activity.

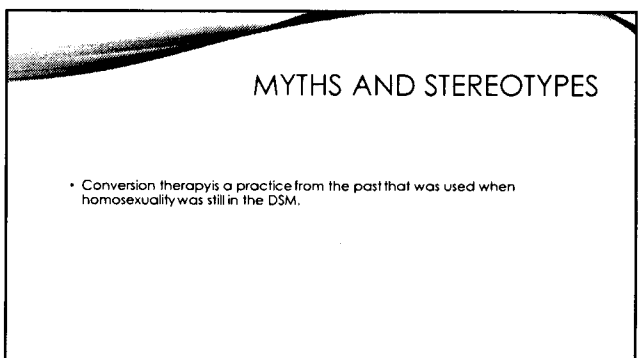
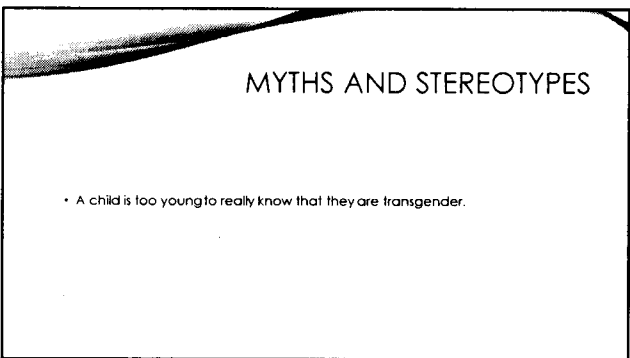
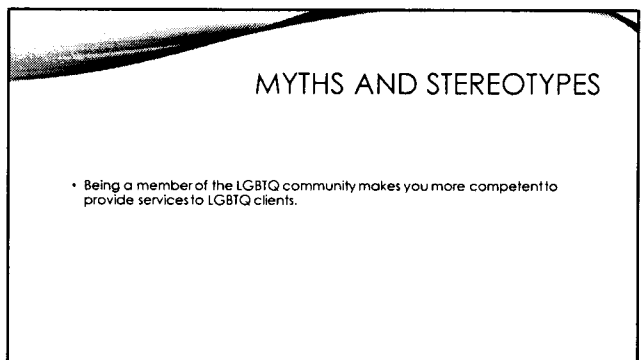
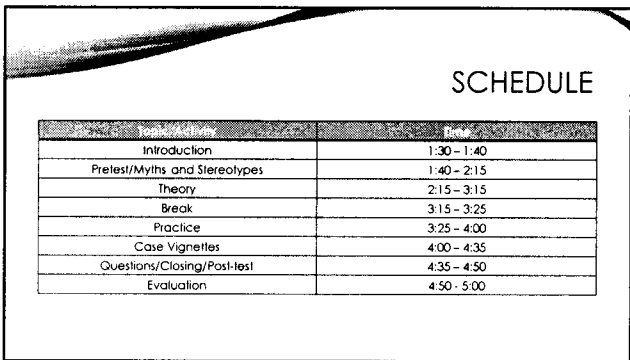
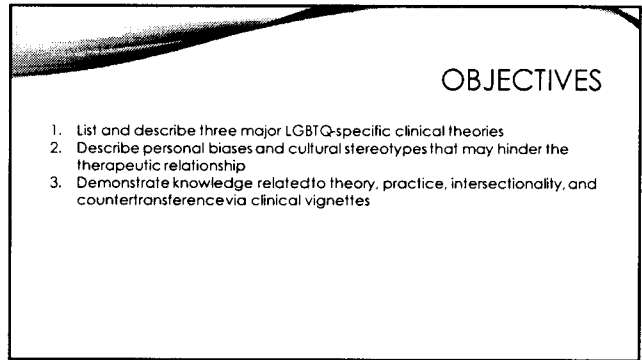
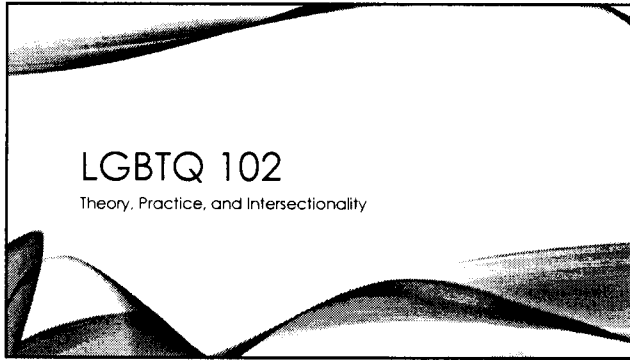
CULTURAL AND LINGUISTIC COMPETENCY: California Assembly Bill 1195 [AB-1195.pdf](#) requires continuing medical education activities with patient care components to include curriculum in the subjects of cultural and linguistic competency. The planners and speakers of this continuing education activity have been encouraged to address cultural issues relevant to their topic area. Remember that interpretive services are available to San Mateo County clinicians by contacting the Program Office at Behavioral Health and Recovery Services at 650-573-2541. San Mateo Medical Center provides interpretive services through the Health Care Interpreter Network. Linguistic competence is of great importance to our work with patients.

The Language Assistance intranet site is now available with FAQ's, Procedures, Resources: <http://intranet.co.sanmateo.ca.us/health/la/>

If you require accommodation for a disability, please contact Kim Westrick at (650)573-2565 or kwestrick@smcgov.org.

If you have any questions or concerns, please contact Katy Davis at (650) 372-3214 or kdavis@smcgov.org.

Appendix C: PowerPoint Presentation



MYTHS AND STEREOTYPES

- Transgender men are really butch lesbians who want to have male privilege.

MYTHS AND STEREOTYPES

- You should always come out to your clients.

MYTHS AND STEREOTYPES

- What other myths and stereotypes have you heard?
- How do these influence the way you work with your clients?
- Are there any myths or stereotypes that are hard to shake?
 - If so, what do you make that mean?

THEORY

- Meyer's Minority Stress
- Microaggressions
- Social Justice Framework

MEYER'S (2003) MINORITY STRESS

- **Internalized Homophobia/Biphobia/Transphobia**
 - Negative attitudes and beliefs about one's self or others in the LGBTQ community
- **Expectations of Rejection**
 - Elevated sense of being discriminated against
- **Concealment of Identity**
 - Active process of hiding one's sexual orientation and/or gender identity
- **Actual Experiences of Discrimination**
 - Hate crimes, housing discrimination, bullying, laws, and more

MEYER'S (2003) MINORITY STRESS

- These components have been associated with increased rates of:
 - Substance abuse
 - Eating disorder behavior
 - Depression
 - Anxiety
 - Self-harm behavior
 - High-risk sexual behavior
 - Suicide attempts

MEYER'S (2003) MINORITY STRESS

- Remember that internalized homophobia/transphobia, expectations of rejection, and concealment are often rooted in lived discriminatory experiences
 - We can not reject these as merely maladaptive thinking patterns
 - Instead we must work to understand the underlying stressors and discriminatory practices
- Though we often focus on the micro-level, we can not forget the role of institutional rules, politics, and social-cultural norms

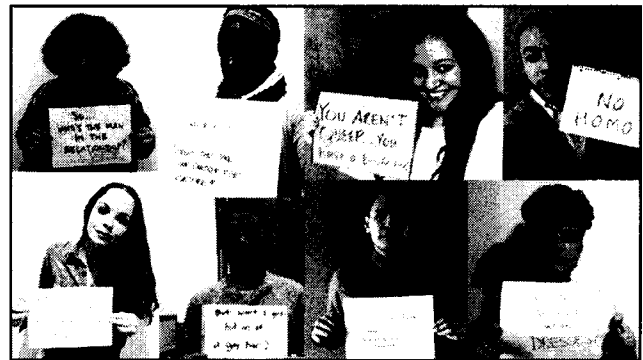
MICROAGGRESSIONS

- "Brief and commonplace daily verbal, behavioral, or environmental indignities, whether intentional or unintentional, that communicate hostile, derogatory, or negative slights and insults towards members of oppressed groups" (Nadal et al., 2011)
- Intersectional Microaggressions: "microaggressions that are encountered as a result of one's intersectional or multiple identities" (Nadal, 2013)

MICROAGGRESSIONS

- Sexual Orientation microaggressions:**
- Use of heterosexist terminology
 - Endorsement of heteronormative culture/behavior
 - Assumption of universal LGBT experience
 - Exoticization
 - Discomfort/disapproval of LGBT experience
 - Denial of the reality of heterosexism
 - Assumption of sexual pathology/abnormality
 - Threatening behaviors

- Transgender and Gender-Nonconforming microaggressions:**
- Use of transphobic and/or incorrectly gendered terminology
 - Endorsement of gender normative and binary culture/behavior
 - Assumption of universal transgender experience
 - Exoticization
 - Discomfort/disapproval of transgender experience
 - Denial of the reality of transphobia
 - Physical threat and harassment



INTERSECTIONAL MICROAGGRESSIONS

- Balsam, Molina, Beadnell, Simoni, and Walters (2011) created the LGBT People of Color Microaggressions Scale which helps understand:
 - Racism in the LGBT communities
 - Heterosexism in racial/ethnic minority communities
 - Racism in dating and close relationships
- Nadal et al. (2012) found themes related to the:
 - Assumption of gender based stereotypes for lesbians and gay men
 - Disapproval of LGBT identity by racial, ethnic, and religious groups
 - Invisibility and desexualization of Asian American men

MICROAGGRESSIONS

- Be aware of our own language
- Look for teachable moments, especially in the work place to increase acknowledgement of microaggressions and increase comfort of LGBTQ individuals
- Take time to acknowledge when you commit microaggressions and address it with colleagues and clients
 - Even the best of allies make mistakes
 - Being defensive is often interpreted as invalidating

SOCIAL JUSTICE FRAMEWORK

SOCIAL JUSTICE FRAMEWORK

PRACTICE

- Klein's Sexual Orientation Grid
- Passing the Test
- Using Cultural Humility to Address
 - Stereotypes
 - Personal bias
 - Countertransference

The Klein Sexuality Grid

	1	2	3	4	5	6	7	8	9	10	11	12
Sexual Attraction												
Sexual Behavior												
Sexual Fantasies												
Emotional Preference												
Social Preference												
Intersexual/Homosexual Lifestyle												
Self Identification												

For variations A and B, see the Klein Sexuality Grid.

1. Other sexuality
2. Other sexuality
3. Other sexuality
4. Both sexes
5. Same sex (level of preference)
6. Same sex (level of preference)
7. Same sex only
8. Intersexual only
9. Intersexual only
10. Intersexual only
11. Gay/lesbian community
12. Gay/lesbian community

PASSING THE TEST

- LGBTQ clients may not feel comfortable expressing and discussing themselves until they feel that you will accept them AND if you have the specific knowledge to help them
- Strategies:
 - Curiosity
 - Empathy
 - Knowledge about their communities and identities
 - Understanding the impact of minority stress

PASSING THE TEST

- Signs that you have "Passed the test"
 - Less guarded
 - Speaks more freely
 - Express difficult emotion
 - Be more willing to discuss conflicts and meanings
 - Explore new ways of coping

CULTURAL HUMILITY

A stance of humility and openness in understanding the cultural perspective and experiences of others and oneself

The "ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of **cultural** identity that are most important to the [person]."

CULTURAL HUMILITY

Four Guiding Principles:

- Self reflection and life-long learning
- Patient focused interviewing and care
- Community based care and advocacy
- Institutional consistency

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SELF-REFLECTION ON OUR BIASES

- Exploring our complex cultural selves:
 - Values
 - Attitudes
 - Beliefs
 - Practices
 - Rituals

That grow from the groups with which we identify. (Tervalon, Melanie, MD, MPH)

CULTURAL HUMILITY

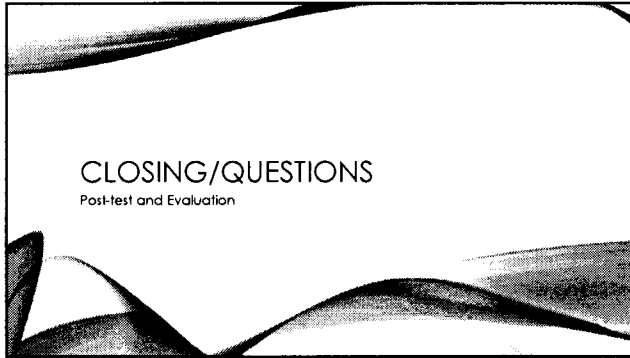
Cultural Humility is a stance and way of being in the world that requires curiosity, groundedness, mindfulness, flexibility, openness, empathy, and humility

1. What are the obstacles that may prevent you from maintaining this way of being?
2. What can help you overcome these obstacles?

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CASE VIGNETTES

- Break up into small groups
- Read and discuss vignette
- Reflect on your own personal biases, competence, and questions you would ask yourself before meeting this client
- Answer the following questions among yourself:
 - What are your initial opinion regarding the presenting issue?
 - What are some common stereotypes at play here?
 - How would you "pass the test" and address concerns related to LGBTQ identity?
 - Using the theories we discussed, what are some possible hypotheses you would want to pursue?
 - How would you address these concerns?



Appendix D: Case Vignettes

Case Vignettes

Vivian

Vivian is a 44-year-old Asian-American transwomen seeking therapy at a local community mental health clinic after her most recent manic episode. Upon meeting with her, she discloses that she was hospitalized last week after pulling a knife on a friend she was staying with and that she is currently living in a nearby motel room. Vivian claims that before being hospitalized for her manic episode, she believed that “men were out to get her” and that “her life was in danger”. She is currently adhering to her medication, but has a history of non-compliance in part due to inconsistent employment and housing. Additionally, she explains that she believes that her medications for bipolar I disorder often interfere with her hormone medications. Vivian has no contact with her family, though she tells you there is a history of Major depression as well as Schizophrenia in the family. Vivian is contemplating sexual reassignment surgery and seeking guidance.

John and Miguel

John and Miguel, both cis-males in their mid-20s, seek couple’s sessions to deal with their constant fighting. The therapist treats their relationship, at first, as he would any other couple, working on communication skills and anger management in particular. As the work proceeds, it is revealed that John, a Caucasian graduate student, is out to his family. Miguel does not want his traditional Mexican-American family to know he identifies as gay, fearing that he will be disowned from his family. This is frustrating to John, who states that he wants a “normal life, including Miguel family being part of [his] family.”