The LGBTQ Client
(Lesbian, Gay, Bisexual, Transgender, Questioning)

A Look at Competent Provider Care
The LGBTQ Client: A Look at Competent Provider Care

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Terms and Definitions

- **Ally**: To unite or connect in a personal relationship; to place in a friendly association.
- **Androgyny**: Displaying characteristics of both or neither of the two culturally and socially defined genders.
- **Asexual**: A person who does not experience sexual attraction; a sexual orientation; some asexual people form non-sexual relationships that are very similar to relationships that involve sex.
- **Binary**: This term describes the system in which a society divides everything into two, and only two, distinct boxes. Often one is often valued and one is devalued.
- **Biphobia**: The irrational fear and intolerance of people who are bisexual.
- **Bisexual**: A person who is emotionally, mentally, and sexually attracted to both sexes, although not necessarily equally or simultaneously.

(Disclaimer: These definitions are not definitive. They are ever changing particularly in regard to the person who is using them.)
Terms and Definitions

- **Coming Out**: The individual and personal process by which a person accepts their sexual orientation and/or gender identity and may begin to make these identities public.

- **FTM**: Female to Male; refers to male-identified person who was categorized as “biologically female” at birth.

- **Gay**: A term of identification that surfaced in the 1920’s and 30’s among homosexual men. This term is not a negative adjective. Predominantly used in reference to men whose sexual, emotional and/or romantic attractions are to other men.

- **Gender**: This is a cultural term, a result of socialization, and a socially constructed label. One’s gender expression can be and is separate from sex and sexuality, not to be confused with one’s sex. Typically used to describe “masculine” and “feminine”, though there are many more expressions of gender.

- **Genderqueer**: A person who redefines or plays with gender, or who refuses gender altogether. A label for people who bend/break the rules of gender and blur boundaries.
Terms and Definitions

- **Heterosexism**: Assuming every person to be heterosexual, therefore marginalizing persons who do not identify as heterosexual. It is also the belief that heterosexuality is superior to homosexuality and all other sexual orientations.

- **Heterosexual**: A person whose sexual, emotional and/or romantic attractions are to a sex other than your own.

- **Heterosexual Privilege**: Benefits derived automatically by being or perceived as being heterosexual that are denied to LGBTQ people.

- **Homophobia**: The irrational fear and intolerance/hatred of people who are homosexuals or of homosexual feelings within one’s self. This assumes that heterosexuality is superior.

- **Internalized Oppression**: The process by which an oppressed person comes to believe, accept or live out the inaccurate stereotypes and misinformation about their group.
Terms and Definitions

• **Intersex**: A set of medical conditions that feature congenital anomalies of the reproductive and sexual anatomy. Intersex people are born with “sex chromosomes,” external genitalia, or internal reproductive systems that are not considered “standard” for either males or females. The existence of intersex people shows that there are not just two sexes and that our ways of thinking about sex are socially constructed. At least 1 in 1500 births are of an intersex child.

• **Lesbian**: A woman whose primary sexual, psychological, emotional and social interest is in other women.

• **MTF**: Male to Female; a term used to refer to female-identified people who were categorized as “biologically male” at birth.

• **Oppression**: The conditions and experience of subordination and injustice; Prejudice plus institutional power equals oppression.

• **Passing**: Is a person’s being regarded as a member of a social group other than his or her own, such as a different gender, race, sexuality, or disability status; generally with the purpose of gaining social acceptance or gaining access to the privilege of the power group.
Terms and Definitions

- **Prejudice**: A judgment or opinion formed before the facts are known. In most cases, these opinions are founded on suspicion, intolerance, ignorance (lack of education or experience), and irrational hatred of other races, religions, creeds, nationalities, genders, sexual orientations, ages, abilities, etc.

- **Queer**: An umbrella term to refer to all LGBTIQA people; a political statement, as well as a sexual orientation, which advocates breaking binary thinking and seeing both sexual orientation and gender identity as potentially fluid; a simple label to explain a complete set of sexual behaviors and desires. Many older LGBT people feel the word has been hatefully used against them for too long and are reluctant to embrace it.

- **Questioning**: Anyone who is uncertain about their sexual orientation; unsure whether they are heterosexual, homosexual, or bisexual. Individuals can also be questioning with regard to their transgender identity. May or may not engage in experiences with people of both sexes in their process of “self-discovery.”
Terms and Definitions

- **Sex**: A biological term referring to the genitalia one is born with not to be confused with gender; also refers to intimate physical relations.
- **Sexual Identity**: A person’s feelings of and about his/her own maleness or femaleness (gender and gender identity) and the ways in which s/he expresses these feelings.
- **Transgender**: An umbrella term for individuals who cross gender boundaries or identities with or without changing their bodies (although they may be in the process of “transitioning”); includes individuals who identify entirely as the gender “opposite” of their biological sex.
- **Transsexual**: Refers to people who believe they were born as the wrong sex, and sometimes go through the process of getting hormone therapy and/or “sex change operations” (also called DRD Sexual Reassignment Surgery.) Sometimes people desire to transition by taking hormones or having surgeries but cannot afford to do so, but they may still identify as transsexual.
What Is Competent Provider Care?

• Knowing your population
• Providing a safe environment
• Being informed on issues that may arise as barriers to treatment
• Personal biases and conflicts do not affect services
• Knowing the clinical and health issues for the population
• Having a common language
• Professional and effective treatment
Barriers To Competent LGBTQ Patient Care

- Lack of knowledge
- Personal biases/beliefs
- Language barriers
- Heterosexism
- Homophobia
- Lack of resources
What Is Heterosexism?

• An ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relationship, or community
• Societal and individual ideologies and patterns of institutionalized oppression of non-heterosexual people
• Pervades societal customs and institutions
Identifying Heterosexism

Stereotypes and assumptions are at the root of heterosexist attitudes
Actions And Thoughts That Belie Heterosexist Attitudes

- Denying significance: personally and/or politically
- Labeling LGBTQ a *problem*
- Over sexualization
- Making invisible
- Generalizing
- Over asserting your heterosexuality
- Expecting to be taught – “Educate the oppressor”
- Misdefining bisexuality/homosexuality
What Is Homophobia?

• Irrational hatred, fear of or contempt for LGBTQ individuals
• Behavior based on these feelings
• General opposition to or dislike of LGBTQ people, culture, behaviors etc.
• Persecution or violence towards LGBTQ individuals
What Does Homophobia Look Like?
Homophobic Behaviors

• Not confronting a heterosexist remark for fear of being identified as LGBTQ
• Believing that discussions about LGBTQ and homophobia are not necessary
• Feeling that LGBTQ people are too outspoken about “gay rights”
• Feeling that LGBTQ people are asking to be treated “special” when demanding basic civil rights
• Thinking that if LGBTQ people touch you, they are making sexual advances
Behaviors Continued:

• Feeling repulsed by public displays of affection between LGBTQ, affection displayed between heterosexuals is "nice"
• Expecting LGBTQ people to change their public identity or affection habits or mode of dress “don’t be so blatant”
• Failing to be supportive when a LGBTQ friend has relationship issues
• Changing your seat because a LGBTQ person sat next to you
• Not asking an LGBTQ person about their partner, although you regularly ask about husbands and wives of straight friends
What Are Practical Ways To Create Competence?

• Confront Heterosexism and Homophobia
• Be knowledgeable of LGBTQ specific issues
• Be aware of different health care concerns
• Use inclusive language
• Use pronoun/s of choice – some people who identify as transgender or genderqueer may prefer a pronoun other than one that matches the way you perceive their gender.
• Include magazines/brochures that are inclusive
• Use LGBTQ staff for information/support (with their permission)
• Work at being completely comfortable talking about sex, gender, and sexual orientation
• Don’t be afraid to ask questions or apologize for ignorance
Creating An Inclusive Environment

- Don’t assume everyone is heterosexual or should be, see the person first.
- Avoid anti-LGBTQ jokes and conversations
- Create an atmosphere of acceptance
- Confront homophobic remarks, statements, or stereotypical comments
- Provide role models
- Integrate LGBTQ culture in your curriculum
- Don’t assume that being LGBTQ is the cause of the problem
- Don’t assume that one means all - respect each person as an individual
- Don’t assume that being LGBTQ doesn’t or shouldn’t matter
Assessment and the LGBTQ Client
What Is An Assessment?

- An evaluation: a diagnosis or diagnostic study of a mental or physical condition
- An interpretation of symptoms based on information gathered by observation and interview
- Summarization of needs used to develop treatment goals
Why Do We Assess Clients?

• To screen for appropriate services
• To accurately diagnose
• To develop a treatment plan
• To make proper referrals
• To make appropriate clinical interventions
• To provide effective treatment
What Are Barriers To Accurately Assessing LGBTQ Clients?

- Creating an unsafe environment for a LGBTQ patient to disclose
- LGBTQ populations are distrusting of clinical and health care providers due to past experience
- Personal biases of providers
- The client’s own internalized homophobia
- Not being mindful of past discrimination that may cause barriers
- Being uneducated and uninformed of information needed for an accurate assessment
The LGBTQ Patient and Addiction Treatment
Overall Admissions at Manhattan ATC which has an LGBT Track
The Numbers: Admissions
The Numbers: Completions

- Lesbian: 4 (10%)
- Gay: 18 (44%)
- Bisexual: 5 (12%)
- Trans: 14 (34%)
The Numbers: Substances

Substances

- 47; 60% Alcohol
- 11; 14% Crystal
- 5; 6% Cocaine
- 5; 6% Marijuana
- 3; 4% Pills
- 8; 10% Heroin
A Need For LGBT-Specific Treatment

- Less than 5% of individuals in treatment programs self-identify
- Issues of LGBT patients are rarely addressed in treatment programs
- Drug and alcohol programs report that they have relatively little knowledge of the special needs of LGBT patients
Clinical Competence Specific To LGBTQ Clients

- Recognize LGBTQ-specific issues
- Treatment tools to help identify these issues
- Education on LGBTQ-specific issues and how they impact MI and AOD
- Environment free of stigmatization, oppression and biases
- Groups, skills, and interventions to move clients toward healthy sobriety and MH
What Are LGBTQ-Specific Clinical Issues?

- Coming Out
- Homophobia: internalized and externalized leads to more suicides, self-injury, self-medicating
- Religion/Spirituality
- Limited social contact
- Leading a double life
- Developmental issues
- HIV
What Are Specific Health Care Needs Of LGBTQ Clients

- Less likely to go to doctors
- STD’s in less common areas and higher incidents
- STD and other health issues that result from different sexual practices
- LGBT clients need screening under standard protocols
- Safer Sex Education for Lesbians (Lesbian sex can transmit most sexually transmitted diseases
- Hormones doses and effects, and surgeries
- Breast cancer
- HIV testing and medical follow-up
Common Mental Health Concerns

- PTSD living in hostile environments
- Shame, depression, anxiety, paranoia and low self-image due to stigmatization, oppression and coming out process
- Fragmentation of identity resulting in loneliness, isolation due to stress of leading a double life
- Developmental issues as a result of being devalued, stigma and a need to conceal identity
The Assessment

• Assessments should not include assumptions about gender. Use gender neutral language
• Medical assessments need to include specific questions for LGBTQ
• Intake assessments should have gender neutral questions that are inclusive
• Language/behavior/body language of interviewer needs to be informed and knowledgeable.
• Explanation about how confidentiality will be protected and right to refuse to answer any question
Assessment: Sample Questions

• How do you feel about your sexual orientation?
• Are currently sexually involved? With males, females or both? Past sexual involvements?
• Are you out? If so, to whom?
• When did you come out?
• What is your culture’s response to LGBTQ individuals?
• How are sex and drugs connected in your life?
Assessment: Continued

• Do you have a primary care physician?
• Does your primary care physician know your sexual orientation?
• Tell me about any negative health care experiences you may have had
• Is there a conflict between your religious/spiritual beliefs and your sexual orientation?
• Is there a disconnection between you and your family based on your sexual orientation?
Why LGBTQ-Specific Treatment?

- Addressing internalized and externalized homophobia
- To deal with obstacles of anger, fear, guilt and isolation
- Explore relationship/interpersonal issues
- Spirituality as an aspect to recovery
What is LGBT-specific treatment?

• Services provided for the LGBT population that is geared to address their issues
• A supportive environment that provides safety and acceptance necessary for population to explore clinical issues
• Assists in establishing support within the community
ADDENDUM

Heterosexism Scale
(Self-Test)
HETEROSEXISM SCALE

Circle the one answer in each question that most resembles your thoughts. Questions with “*” are separate from the lettered answers and are to be checked if applicable.

1. At what age did you realize that you were heterosexual?
   A. infancy to age 4
   B. age 5 to age 9
   C. age 10 to age 12
   D. age 13 to age 18
   E. 18 or older
   F. What do you mean? I was always this way.

   * If you have asked, or wanted to ask, a similar question to someone who is homosexual, check.

2. How do you think you became heterosexual?
   A. Genetics
   B. Socialization
   C. Pressure received from heterosexual parents
   D. A traumatic sexual experience with a member of the same sex.
   E. What do you mean? I was always this way.

   * If you have asked, or wanted to ask, a similar question to someone who is homosexual, check.
HETEROSEXISM SCALE

3. If you have never slept with a person of the same sex, is it possible that all you need is a good Gay lover?
   A. Yes, that's possible.
   B. No, definitely not - I know my sexuality, it's part of who I am.
   * If you have asked, or wanted to ask, a similar question to someone who is homosexual, check.__

4. Why do you insist on flaunting your heterosexuality? Can't you just be who you are & keep it quiet?
   A. I'm not flaunting it. It's just who I am. And sometimes I like to be spontaneous.
   B. I try not to be obvious about the love I feel for my partner - but sometimes we do get caught showing affection -- I'm sorry.
   * If you thought or made a similar statement about someone who is homosexual check.__
5. A disproportionate majority of child molesters are heterosexual. Do you consider it safe to expose children to heterosexual teachers?
   A. This isn't true - the fact is most homosexuals are child molesters
   B. Most of the time I feel safe - child molesters make up a small segment of the population & we, as a society, are beginning to take better care of children by putting mechanisms in place for children to recognize inappropriate behavior & to report it.
   C. Most of the time I do feel unsafe, but just about teachers. Historically, our society hasn't had a good track record in terms of recognizing or preventing child sexual abuse.

   * If you have asked, or wanted to ask, a similar question to someone who is homosexual, check.__

6. Would you want your child to be heterosexual, knowing the problems that she/he would face?
   A. I would want my child to be happy & would worry about any relationship he/she entered into...I wouldn’t want their heart broken.
   B. Rather my child be heterosexual & have problems than be homosexual & happy.

   * If you have asked, or wanted to ask, a similar question to someone who is homosexual, check.__
HETEROSEXISM SCALE

7. If I saw two men kissing in public, it would disgust me.
   A. Yes
   B. No

8. I feel that homosexuality is acceptable but only if homosexuals refrain from public displays of affection.
   A. Yes
   B. No
   C. It's acceptable whether or not affection is displayed publicly.

9. Do you tell derogatory jokes about gays, lesbians, bisexuals, and /or transgender people?
   A. Yes
   B. No

10. Do you assume that all of your co-workers, colleagues, clients, or peers are heterosexual?
    A. Yes
    B. No
HETEROSEXISM SCALE

11. I Think homosexuals should not work with children.
   A. Yes
   B. No

12. Homosexuals are immoral and/or unnatural.
   A. Yes
   B. No

13. If a member of my own sex made an advance toward me I would be angry.
   A. Yes
   B. No

14. I would feel uncomfortable knowing that my son’s male gym teacher was homosexual.
   A. Yes
   B. No

15. It would disturb me to find out my same sex Dr. is homosexual.
   A. Yes
   B. No
HETEROSEXISM SCALE SCORING

Answer Grid:
When you have completed the test, total your score, & find out where your attitudes fit on the heterosexism scale.

Questions 1-6
1. a-f=0
2. a,b,e=0  c,d=3
3. a,b=0
4. a,b=0
5. b,c=0  a=3
6. a=0  b=3
All * questions =6

Questions 7-15
All yes answers=9
SCORE INTERPRETATION

• **Non-heterosexist** (Your score was 0): If you score was zero, your attitudes show no evidence of heterosexism.

• **Somewhat heterosexist** (Your score was 5 - 24): You are somewhat heterosexist if you scored within the range of 5 to 24. If the majority of your answers were those scored as "3", then your heterosexism may simply stem from our society's assumption that everyone is straight - & now that you've given it some thought, then you can readily start acknowledging that this is not the case & begin to act accordingly. Some of those answers that scored as "3" could also indicate that you were not exposed to anyone who was openly lesbian, gay, and bisexual or transgender and that you are curious.

• **Heterosexist, Homophobic** (Your score was 25 or higher): Your attitudes reveal heterosexism & homophobia if you scored 25 or higher. Generally, those answers that scored as "6" were very heterosexist, while those that scored as "9" were homophobic. The higher the score, the more heterosexist & homophobic the attitudes. Homophobia refers to the overt expression of fear, hate, or dislike towards homosexuals. Scoring high in this category indicates you have social values that have been taught to you by many of our major social institutions that are problematic. We've learned that only heterosexuality is natural & right, that other sexualities are unnatural & wrong. And, many times, our families, our teachers, our spiritual leaders, have looked the other way when, as children, we called someone a "fag" or, as teenagers, bullied someone who was "different".