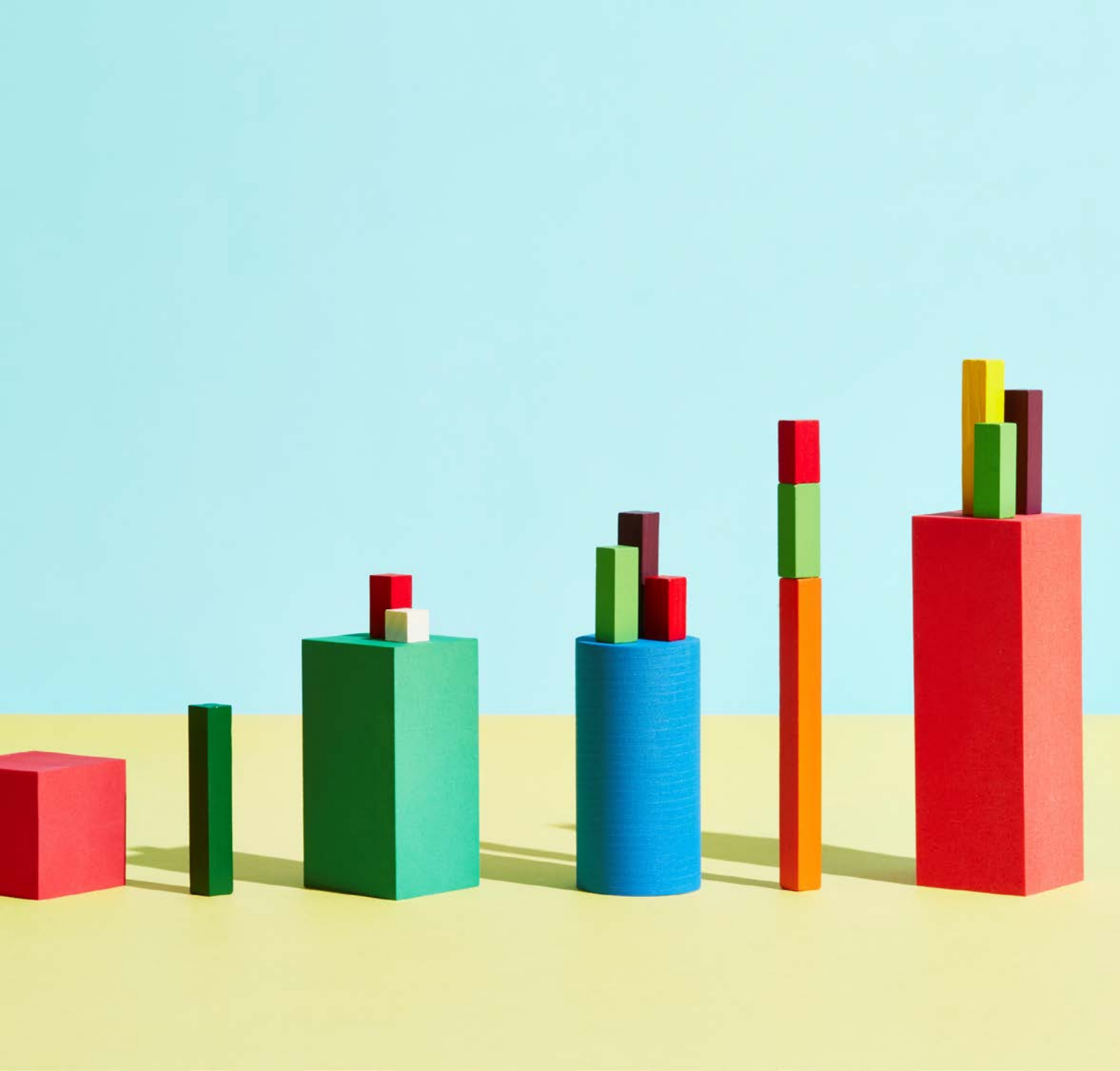


Supporting LGBTQ+ Parents and Caregivers



AGENDA

OUR GOAL IS TO BE PRACTICAL AND MEANINGFUL; DIGESTIBLE




1. INTRODUCTIONS
2. REVIEW
 - a. Identity/expression
 - b. Minority stress
3. REFLEXIVE ACTIVITY: KNAPSACK OF PRIVILEGE
4. LGBTQ+ INCLUSIVE CARE
5. CASE PRESENTATIONS



Exercise

What are assumptions/biases & stereotypes about gender and sexual orientation?

What are some of your worries/concerns/questions about working with LGBTQ+ parents/caretakers/birth parents and families?



Gender Identity

Gender Identity:

A person's innermost concept of self as male, female, both, neither or along the spectrum.



Sexual Orientation

Sexual Orientation:

A person's physical, romantic, emotional, and/or spiritual attraction to others

This is Personal

- We all have a:
- SEX ASSIGNED AT BIRTH
- SEXUAL ORIENTATION
- GENDER IDENTITY
- GENDER EXPRESSION



gasp

The Coming Out Process

The Many Roads to
LGBT Identity



COMING OUT

is **Enduring**;

is a **PROCESS**;

is **NOT** always safe;

looks and feels different for everyone

LGB people experience health/mental health disparities

- LGBTQ+ folx are impacted by policies, laws, society and culture.
- Minority Stress
 - Chronically high levels of stress faced by members of stigmatized **minority** groups above and beyond typical stress and related to identity/expression.
 - Can lead to negative health outcomes



Minority Stress

- **Distal** (Explicit/objective) and **Proximal** (internalized/perceived) lead to negative health/MH outcomes
- Community connection/pride alleviates impact of MS
- *In-group reappraisal*: Comparing oneself to others who are similar instead of the dominant culture. Provides validation and empowerment.
 - But these comparative others can be hard to find

Minority Stress

Stress and Identity (Intersectionality)

- LGBTQ+ individuals can have many identities that vary in privilege.
- Black, Latinx, Asian LGBTQ+ folx confront homophobia in their racial/ethnic communities and alienation from the racial/ethnic identity in the LGBTQ+ community.
- LGBTQ+ folx are disproportionately exposed to discrimination and violence and stress BEYOND daily stressors; and commonly experience multiple intersecting oppressions simultaneously

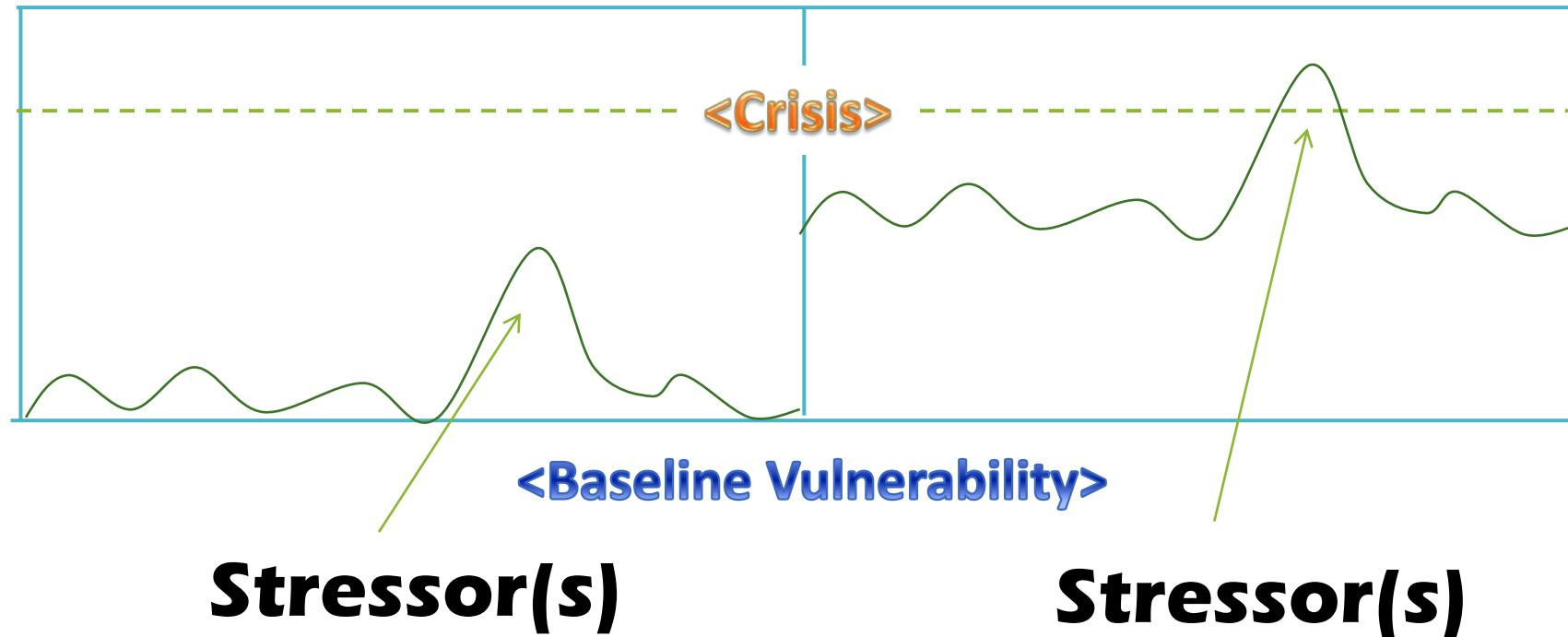
Minority Stress & Stigma

- What does stigma look like and what is the impact?
- Stigma can take many forms, including discrimination and harassment in employment and other settings; bullying and family rejection of LGBTQ+ identity/partnerships; overrepresentation in the criminal justice system; and invisibility/isolation.
- Based on perceived stigma LGBTQ+ persons may begin to anticipate discrimination.
- Higher perceived stigma can result in greater vigilance when interacting with the dominant culture. This produces increased stress and can negatively impact a person's self-concept when one perceives they are constantly fighting off threats

Baseline Vulnerability

Low Vulnerability

High Vulnerability





Knapsack of privilege

Peggy McIntosh: professor of Women's Studies at Wellesley College

- Wrote about the invisible knapsack of privilege taken from "White Privilege and Male Privilege: A Personal Account of Coming To See Correspondences through Work in Women's Studies" (1988).
- *"My schooling followed the pattern my colleague Elizabeth Minnich has pointed out: whites are taught to think of their lives as morally neutral, normative, and average, and also ideal."*
- She decided to work on herself by identifying the invisible knapsack of privilege that impacts her daily life...

Take a moment to think. In groups talk about some of your invisible privileges.

Share: What was this like for you?

LGBTQ+ inclusive care (adapted from Collazo et al., 2013)

- Long history of distrust in mental health/health providers/social workers.
- LGBTQ+ affirmative practice can improve the therapeutic alliance, help LGBTQ+ individuals and families develop a positive narrative, and integrate **informed consent** for care with personal empowerment
 - Informed consent model of care:
 - opportunities for clinician to affirm individuals' narratives, enhance therapeutic trust, and holistically address distress and support
 - Reduces reliance on disclosure as a criteria for LGBTQ+ inclusive care

LGBTQ+ inclusive care (adapted from Collazo et al., 2013)

► LGBTQ+ Inclusive (& affirming) Care

- Emphasize confidentiality as able
- Who do websites/informational pamphlets address? Who sees themselves reflected?
- Use gender neutral language or language/terms that clients use for themselves; OK to ask what pronouns one uses for themselves; "what pronouns would you like me to use for you?"; I see your name on this form is ['name'], what name do you want me to use for you?
- How do you currently assess for feeding and feeding hopes/expectations?
- Assessing how clients see themselves vs. how others perceive them. What is important for them?
- Assess safety and readiness for engagement in services

LGBTQ+ inclusive care

- Clinicians as advocates
 - Support client's self-determination
 - Support clients navigating systems and social contexts.
 - Receive formal education vs expecting LGBTQ+ clients to educate and speak for entire LGBTQ+ community
 - Role model for other providers LGBTQ+ affirming care and respect
 - Working with parents to navigate decisions related to feeding and how they incorporate their identity into care
 - Building community/role models
 - **Social affirmation:** name, pronouns, gender expression and roles.
 - Understand and account for the benefits/risks to disclosure vs. concealment, especially for trans clients
 - LGBTQ+ care and policies and social climate changes by state: We cannot assume our clients' backstory.

LGBTQ+ inclusive care

■ Health/MH/Family Care

- Medical and MH spaces can be sites of re-traumatization or a space where LGBTQ+ folx are forced to out themselves or are outed to others without their permission
- May be denied life-saving care; are misgendered/mislabeled
- Engaging in genital care can be traumatizing
- Support access to LGBTQ+ affirming care (access; fear of disclosure, rejection, consent)
- Clinicians often viewed as gatekeepers who can “selectively block services”
- Many LGBTQ+ clients have history of proving they are “good” candidates for care.
- Clinicians can: engage in a reflexive process; focus on client resilience/strengths; human rights/social justice perspective; collaborative care; act as role-models

LGBTQ+ inclusive care

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- Creating a Safe Space
 - LGBT folx are more likely to seek medical and support services when they can present genuinely and openly as themselves to providers.
 - Pursuing relationships that are most likely to be emotionally supportive or gratifying.
 - PPD and beyond: assessing for depression/anxiety postpartum
- Inclusion on intake forms and language during assessment
- Access & Isolation
 - Some LGBTQ+ adults are a hidden population (not always out in their communities)
 - Accommodate geographic isolation, mobility, and disability barriers; expansion of social networks
 - Technology-based/online services and support

Case Presentations

- Describe/discuss a case with an LGBTQ+ Family
- Present the case: Details of the case and issue to discuss (can be specific).
- What could have been done differently if anything? How can we support you? What question(s) do you have for the group?



Thank you



QUESTIONS??