

# What about the “Q” in LGBTQ? Culturally Competent Social Services for Queer Communities

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# Terminology & Semantics

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It is not just words we use, language is how we structure our realities and ascribe meaning to them. Therefore, words are powerful and singular.

- ▶ Queer

It is an umbrella term for people who don't identify or fit within traditional paradigms of gender such as cisgender male, female or **even transgender; and/or** about sexual orientation such as hetero/lesbian/gay/bi.

- ▶ Questioning

It refers to a state of wondering and not necessarily to one of confusion. Then, it is a healthy exercise of cognition in an always changing inner/outer cosmos.

# Polling: Who is in the house?

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- ▶ Are you a provider in a LGBT(Q) specific agency/program?
  - a) Yes
  - b) No
  - c) Not Sure

# Change in Paradigms

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- ▶ From negative to positive
- ▶ From dichotomous thinking to a continuum
- ▶ From rigid to fluid
- ▶ From simplistic to complex
- ▶ From box-thinking to a universe of unique individualities
- ▶ From typical/normal to unique
- ▶ From weirdos to exceptional human beings
- ▶ From them vs. us to Us
- ▶ From gatekeepers to advocates
- ▶ From alleviating symptoms on an individual to social justice/anti-oppressive sustainable work

**Then, as providers we should understand Queer people as the ones that push the envelope and expand our horizons.**

# Polling: Provider's Setting

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Which type of setting best describes where you provide services?

- a) Community-based organization
- b) Hospital – outpatient
- c) Hospital – inpatient
- d) School/educational facility based program
- e) Residential facility
- f) Individual or group private practice
- g) Government based organizations
- h) Other

# MICRO – Individual: A Queer Savvy Provider

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- ▶ Self-awareness
  - “-isms” start with “I”
- ▶ Beliefs
- ▶ Honesty and humility
- ▶ The person and their well-being in context is the most important
- ▶ Individual development of identity - PRIDE
- ▶ Challenges and UNIQUE OPPORTUNITIES
  - strength-based work
- ▶ Narrative Therapy – Michael White
- ▶ Community building

# MEZZO – Agencies: A Queer Inclusive Program

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- ▶ Forms: what, why, who is benefiting
- ▶ Protocols of policies and procedures
- ▶ Client-centered services
- ▶ Understanding of + queer identity development
- ▶ Community advisory group
- ▶ Ongoing assessment of queer competency & ongoing training
- ▶ Expertise in intersectionalities
- ▶ Community building
- ▶ Safe space
- ▶ Referral resources

# When Using the Box for “Other”

WEEGNCIU

Other

If Other, please specify:

## Disclaimer:

This box is due to our bureaucratic and simplistic systems, our limited understanding of reality and/or our inability to acknowledge/include the full spectrum.



# Guidelines for Queer Cultural Competence

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- Awareness of cultural differences even when the clients and patient share the same identity.
- The therapist as the representative of the “objective reality.”
- Diversity challenges generalizability of clinical theories.
- Unspoken sources of tension that are perceived by the client.

# Guidelines for Queer Cultural Competence

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- Queer people, as other ethnic/cultural minority groups and oppressed groups, have the highest rate of premature termination
- Ethnocentric values and clinical training
- Diagnostic and clinical lenses that inform our practice approach
- Cultural counter-transference - cognitive and affect implications

# Cultural Concepts in DSM 5

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## The Impact of Cultural Differences

- ▶ Different cultures and communities exhibit or explain symptoms in various ways. Because of this, ***it is important for clinicians to be aware of relevant contextual information stemming from a patient's culture, race, ethnicity, religion or geographical origin.***
- In this case, queer worldview

# DSM 5 & Queer Cultural Formulation Interview

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- ▶ The Cultural Formulation Interview (CFI) is a set of sixteen questions that clinicians may use to obtain information during a mental health assessment about the impact of a patient's Queer identity/culture on key aspects of care.
- ▶ In the CFI, culture refers primarily to the **values, orientations, and assumptions that individuals derive from membership in diverse social groups (e.g., ethnic groups, the military, faith communities)**, which may conform or differ from medical explanations. The term culture also refers to aspects of a person's background that may affect his or her perspective, such as ethnicity, race, language, or religion.

# Guide for the Queer Cultural Formulation Interview - CFI

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## Four Domains of Assessment

- ▶ 1-3 Cultural Definition of the Problem
- ▶ 4–10 Cultural Perception of Cause, Context, and Support
- ▶ 11-13 Cultural Factors Affecting Self-Coping and Past Help-Seeking
- ▶ 14-16 Cultural Factors Affecting Current Help-Seeking

# Case Study for CFI with Queer (Q) People

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## ▸ Introduction

### First Domain: Cultural Definition of the Problem

1. Presenting problem and its relationship with Q GI/SO, concerns. Individual understanding of the problem
1. Description of the problem by the client to their Q community and other outside of the Q community
2. Aspect of the problem that matters most to the client as Queer person

# Case Study for CFI with Queer People

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## Second Domain: Cultural Perception

- ▶ Cause
- 4. Meaning of the condition for the individual Queer
- 5. Views of members of the individual's social network (Queer community)

# Case Study for CFI with Queer People

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Second Domain: Cultural Perception of Cause, Context and Support

- ▶ Stressors and Support
- 6. Individual's life context (Resources, social support & resilience)
- 6. Stressful Aspects of the Individual's Environment



# Case Study for CFI with Queer People

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## Second Domain: Cultural Perception of Cause, Context and Support

- ▶ Role of Queer Identity
8. Most salient elements of the client's identity
  9. Aspects of the identity that make the problem better or worse
  8. Expand on aspects of identity and their impact on the presenting problem

# Case Study for CFI with Queer People

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## Third Domain: Cultural Factors Affecting Self-Coping and Past Help-Seeking

- ▶ Self-Coping

11. Clarify self-coping for the problem

- ▶ Past Help-Seeking

11. Identify sources of help and past experiences with it

## Barriers

11. Social barriers to seek help

# Case Study for CFI with Queer People

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## Fourth Domain: Cultural Factors Affecting Current Help-Seeking

- ▶ Preferences

- 14. Individuals current perceived need

- 14. Preferences regarding type of help and rationale for it

- ▶ Clinician-Patient Relationship

- 14. Concerns regarding clinician-patient relationship

# Resources

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## Take the Gender Quiz - Looking Different's Implicit Association Test on Race and Gender

- <http://www.lookdifferent.org/what-can-i-do/implicit-association-test>

## I am a Queer, Agender Person in NY and Here is My Diary

- <http://www.mtv.com/news/2153402/tyler-ford-agender-queer-diary/>

# In Summary...

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Our quest in life should be to transform and improve the systems that are in place, in order to create a more fulfilling and meaningful communal life.

Therefore, when serving Queer people we must protect, support and celebrate those who even though they may be perceived as different, dare to free us all!

Thank you!

# Questions?

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# Contact Information

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# Upcoming Webinars

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The Things that Matter: Addressing the Social  
Determinants of Health

June 27th

12:00PM – 1:00PM

Women and Mental Health: Embracing the Intersections of Trauma,  
Oppression, and Agency

June 30<sup>th</sup>

12:00PM – 1:00PM

Trauma Informed Collaboration

July 27th

12:00PM – 1:00PM