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Mental Health Issues in LGBT Populations: Minority Stress, the Coming Out Process, and LGBT-Sensitive Therapy

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LEARNING OBJECTIVES

• What an LGBT identity is in a broad context
• Overview of mental health issues facing LGBT populations
• Overview of minority stress theory
• The role of minority stress theory in the context of LGBT mental health disparities
• Treatment considerations and implications for LGBT individuals
• Integration of LGBT-sensitive interventions
The Genderbread Person

Gender Identity
- Woman
- Genderqueer
- Man

Gender identity is how you, in your head, think about yourself. It’s the chemistry that composes you (e.g., hormonal levels) and how you interpret what that means.

Gender Expression
- Feminine
- Androgynous
- Masculine

Gender expression is how you demonstrate your gender (based on traditional gender roles) through the ways you act, dress, behave, and interact.

Biological Sex
- Female
- Intersex
- Male

Biological sex refers to the objectively measurable organs, hormones, and chromosomes. Female = vagina, ovaries, XX chromosomes; male = penis, testes, XY chromosomes; intersex = a combination of the two.

Sexual Orientation
- Heterosexual
- Bisexual
- Homosexual

Sexual orientation is who you are physically, spiritually, and emotionally attracted to, based on their sex/gender in relation to your own.
MENTAL HEALTH DISPARITIES AMONG LGB INDIVIDUALS

• Disproportionately higher rates of mental health disorders
  • Anxiety and Depression
    • 1.5-2X more likely
• Significantly high rates of trauma
Which group has the highest rates of smoking?

a) Bisexual individuals
b) Gay men
c) Gay women
MENTAL HEALTH DISPARITIES AMONG LGB INDIVIDUALS

• Substance use
  • Bisexual men and women have highest smoking rates
  • Gay men use alcohol, illicit drugs, and tobacco at higher rates
  • Lesbian women are 1.5-2X more likely to smoke

• Suicidality
  • Increased risk in men, women, and youths
SPECIAL CONSIDERATIONS FOR BISEXUAL INDIVIDUALS

- Bisexual adults have the lowest level of emotional well-being among people of other sexual orientations.

- Unique experiences with stigma and stereotyping

- Exclusion from their “own” community.
HAVE YOU EVER WORKED WITH A CLIENT WHO IDENTIFIED AS TRANSGENDER?

a) Yes

b) No
MENTAL HEALTH IN TRANSGENDER POPULATIONS

• High rates of depression
  • 51% of transgender women
  • 48% of transgender men

• Increased anxiety
  • 47% of transgender men
  • 40% of transgender women

• High rates of PTSD

• High risk of suicide attempts
  • 46% of transgender women
  • 42% of transgender men
  • 60% when doctor or health care provider refused them treatment
UNDERSTANDING CURRENT DIAGNOSIS

• Gender Identity Disorder vs. Gender Dysphoria

• Meant to emphasize stress related to gender incongruence rather than identity

• A diagnostic term is necessary for access to care
MINORITY STRESS THEORY

• Meyer (1995), explains why LGB individuals experience higher rates of mental health disorders.

• More hostile and stressful social environment due to prejudice, stigma, and discrimination.
DISTAL STRESSORS

- Objective events and conditions in the individual’s environment.
  - Prejudice-based events such as overt discrimination,
  - Antigay victimization or violence or
  - Structural stigma (e.g., marriage inequality)
DISTAL STRESSORS

• Discrimination and antigay violence are critical stressors affecting LGBT individuals.
• Herek et al (1999) found that approximately a quarter of LGBT participants experienced criminal victimization.
• Experience social exclusion
PROXIMAL STRESSORS

• Internal, subjective experiences that rely on the individual’s perceptions and appraisals within their environment

• Proximal stressors include:
  • Concealment of sexual identity
  • Internalized homophobia
  • Rejection sensitivity.
CONCEALMENT

• Concealment means hiding one’s sexual orientation in order to avoid public stigma, ostracism, and rejection.
CONCEALMENT

• Prevents affiliation with other LGBT-identified individuals.

• May limit access to LGBT support resources.

• However, concealment may be beneficial in the absence of social support and acceptance.
INTERNALIZED HOMOPHOBIA/TRANSPHOBIA

• A proximal stressor in which the individual directs toward the self society’s negative attitudes about their LGBT identity (Meyer, 1995, 2003).

• Individuals who have accepted an LGBT identity may still experience internalized homophobia/transphobia.
REJECTION SENSITIVITY (RS)

• Sensitivity toward anxious expectations of and overreactions to rejection based on one's stigmatized status (Downey et al., 1998).

• LG BT individuals may develop inflexible and flawed beliefs regarding interpersonal interactions.
DISTAL STRESSORS AND MENTAL HEALTH

• Those who report high levels of minority stress may be more likely to experience psychological distress (Meyer, 1995).

• Perceived discrimination is predictive of:
  • Anxiety (Herek, Gillis & Cogan, 1999)
  • Substance use disorders (McKim & Peterson, 1989).

• Unassertiveness (Pachankis et al., 2008)

• Depression (Hatzenbuehler, Nolen-Hoekeisma, & Erickson, 2008)
PROXIMAL STRESSORS AND MENTAL HEALTH

• Anxiety (Downey et al., 1998).
• Suicidal ideation (Williamson, 2000)
• Self-harm (Williamson, 2000)
• Eating disorders (Williamson, 2000)
• HIV-related high risk behaviors (Meyer & Dean, 1998)
• Can also affect intimate relationships and sexual function (Dupras, 1994; Meyer & Dean, 1998; Rosser et al., 1997).
Minority Stress Processes in LGB Populations

- Circumstances in the environment
  - Disadvantaged Status
    - sexual orientation
    - race/ethnicity
    - gender
  - Minority Identity

- General Stressors
  - Minority Stress Processes (distal)
    - prejudice events
  - Minority Stress Processes (proximal)
    - expectations of rejection
    - concealment
    - internalized homophobia

- Coping and Social Support (community and individual)

- Health Outcomes
  - Negative
  - Positive

- Characteristics of Minority Identity
  - Prominence
  - Valence
  - Integration

Meyer, 2003
TREATMENT
CONSIDERATIONS
SEEKING OUT HELP

• Consider barriers to LGB help seeking

• Consider your client’s experience of coming out in a mental health setting

• Create a welcoming environment
CULTURAL SENSITIVITY AND BEST PRACTICES

• Be mindful of your own stereotypes
• Be aware of patient’s mistrust of health professionals and subtle cues you may be sending
• Use inclusive language and know terms
• Ask questions and welcome/normalize disclosures
• Express and maintain confidentiality
• Avoid both over- and under-pathologizing.
• Be familiar with mental health referrals and resources
REDUCING IMPACT OF MINORITY STRESSORS

• Based on Pachankis’ (2014) CBT-based LG BT affirming treatment

• LG BT affirmative treatment views LG BT identity as positive
LGBT AFFIRMING COGNITIVE-BEHAVIORALLY BASED THERAPY

• Investigate links between current behavior and the individual's learning history

• Explore sources of resilience

• Cognitive restructuring related to proximal stressors
ASSESSMENT PROCEDURE

• Minority Stress Assessment

• **Part 1**
  • Psychosexual history
  • Coming out stage
  • Health behaviors
  • Trauma exposure
  • Suicidality
  • Exposure to distal and proximal stressors

• **Part 2**
  • Coping skills
  • Social support
PRINCIPLE 1

• Normalize the negative impact of experiencing minority stress

• Negative mental health outcomes seen in LG BT individuals are a normal response
PRINCIPLE 2

• RESTRUCTURE NEGATIVE BELIEFS THAT HAVE DEVELOPED AS A RESULT OF MINORITY STRESSORS

• Early experiences send the message that sexual minority identities are inherently bad

• CBT can help restructure inaccurate beliefs
PRINCIPLE 3

• ENCOURAGING ASSERTIVE COMMUNICATION

• Distal stressors reduce LGBT individuals’ ability to communicate openly

• Role plays

• Exposure exercises
PRINCIPLE 4

• VALIDATION OF STRENGTHS

• Experiences of unique stress lead to unique coping skills and resilience

• Self-affirmation exercise
PRINCIPLE 5

• AFFIRMATION OF HEALTHY SEXUAL BEHAVIORS

• Develop beliefs that their sexuality is a source of shame

• Cognitive restructuring

• Behavioral experiments
PRINCIPLE 6

• PROMOTE THE DEVELOPMENT OF SUPPORT NETWORKS

• May have negative beliefs about the LG BT community

• Define values and decrease avoidance
SHOULD WE ALWAYS ENCOURAGE OUR CLIENTS TO COME OUT?

a) Yes

b) No
COMING OUT PROCESS

- Individuals vary in "outness"

- Impact of disclosure varies depending on individual factors
  - Social support
  - Homophobia/transphobia
WORKING WITH INDIVIDUALS DURING COMING OUT PROCESS

- Client-centered approach

- Take on an affirmative stance

- Become familiar with models of sexual minority identity development
  - Cass
  - Multidimensional approach
OTHER IDENTITIES

- Examine the intersection of identities
  - Disability status
  - Age
  - Socioeconomic status
- Dual minority status
RELIGIOSITY

- Consider the intersection of religion and sexual orientation

- Individuals may be distressed about same sex attractions or have tried/want to change their orientation

- Keep in mind and use the positive impact religion may have

- Increase awareness of affirmative religious groups
QUESTIONS?
REFERENCES


RESOURCES

Fenway Institute National LGBT Health Education Center
http://fenwayhealth.org/the-fenway-institute/
The mission of Fenway Health is to enhance the wellbeing of the lesbian, gay, bisexual and transgender community and all people in our neighborhoods and beyond through access to the highest quality health care, education, research and advocacy. They produce a variety of clinical resources, including FREE CME/CEUs through their website.

GLBT National Help Center
http://www.glnh.org/
The GLBT National Help Center is a non-profit, LGBT-volunteer run organization that provides peer-support, community connections and resource information to people with questions regarding sexual orientation and/or gender identity.
Hotline: 1-888-843-4564
Youth Talkline: 1-800-246-7743

The Trevor Project
http://www.thetrevorproject.org/
The Trevor Project is the leading national organization providing crisis intervention and suicide prevention services to lesbian, gay, bisexual, transgender and questioning (LGBTQ) young people ages 13-24.
Trevor Lifeline – 1-866-488-7386
TrevorText - Available on Fridays (4:00 p.m. - 8:00 p.m. ET / 1:00 p.m. - 5:00 p.m. PT). Text the word “Trevor” to 1-202-304-1200. Standard text messaging rates apply.
TrevorChat - Available 7 days a week (3:00 p.m. - 9:00 p.m. ET / 12:00 p.m. - 6:00 p.m. PT) at http://www.thetrevorproject.org/pages/get-help-now

Trans Lifeline
http://www.translifeline.org/
Trans Lifeline is a 501(c)3 non-profit hotline “staffed by transgender people for transgender people,” and provide culturally competent services to trans and gender-nonconforming people in crisis.
Lifeline: (877) 565-8860

World Professional Association for Transgender Health
www.wpath.org
The World Professional Association for Transgender Health (WPATH), is a non-profit, interdisciplinary professional and educational organization devoted to transgender health.


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