A Unique Approach for a Unique Population

Therapeutic Activities for LGBTQ+ Youth

Rebecca Rudd PhD
Megan Schindler, BA
Carissa Voelker, BA
To Access Handouts and Activities

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A Unique Approach for a Unique Population: Therapeutic Activities for LGBTQ+ Youth

This workshop specifically examines the common stressors faced by LGBTQ youth and corresponding treatment or process activities. While the LGBTQ+ population represents those in the sexual minority, the presenters will also acknowledge the intersection of other diverse factors such as ethnicity, SES, geographic location etc. which heavily influence the experiences of these youth.

Handouts
- Eggs in Which Basket
- Rainbows to Rainbows
- Coming Out
- Assertiveness Four Square
- Jeopardy
Learning Objectives

• Identify the stressors facing LGBTQ+ youth
• Become proficient in creating affirming therapeutic dialogue
• Receive five activity therapy exercises addressing the common stressors faced by LGBTQ+ youth to guide and support the therapeutic process in a developmentally appropriate way
Youth and LGBTQ+ Identity

% of people who identify as LGBTQ by age group

- 72+: 0%
- 52-71: 5%
- 35-51: 10%
- 18-34: 20%

(GLADD, 2017 p. 3; Harding, 2017)
Youth and LGBTQ+ Identity

- Of youth ages 13-20, 48% identify as "exclusively heterosexual" as compared to 65% of millennials ages 21-34.

J. Walter Thompson Innovation Group, 2016
Stressors: Bullied

- Threatened or Injured with a weapon on school
- In physical fight
- Injured in fight

Centers for Disease Control, 2016
Stressors: Felt Unsafe at School

- Felt so unsafe to not attend
- Electronically bullied
- Bullied

Centers for Disease Control, 2014
Stressors: Emotional Concerns

- Felt sad or hopeless
- Considered suicide
- Attempted suicide

Centers for Disease Control, 2016
Stressors: Substance Use

Ever used

- Use Alcohol
- Use Marijuana
- Used Cocaine
- Esctacy
- Heroin
- Methamphetamines

Centers for Disease Control, 2016
Stressors: Dating and Sexual Violence

- Physically forced to have sex
- Physical dating violence
- Sexual dating violence

Centers for Disease Control, 2016
Stressors: Homelessness and Harassment

• Homelessness
  • 40% of homeless youth identify as LGBTQ+
  • 120% more likely to be homeless than heterosexual and cisgender youth

• Sexual Harassment
  • 81% of Trans students
  • 72% of Lesbian students
  • 66% of Gay and Bisexual students

Identity development

• Body Image
  • High rates of eating disorders

• Lack of Mentors
  • Heteronormativity in the media

• Struggle to understand/explore sexual attitudes & behaviors safely
  • LGBTQ+ sex education not widely available
Family Support and Dynamics

- The Stress of coming out
  - Fear based on media and friends' experiences
  - Religiosity and Suicide
    - In Straight youth linked to 17% reduction in recent SI
    - In Lesbian and Gay youth linked to 38% increase in recent SI
  - Acceptance
- Being "outed"
  - Lack of control and preparedness
- Family Support
  - Financial, emotional support
  - Rejection and homelessness

Lytle, Blosnich, De Luca, & Brownson, 2018
Access to Supportive and Affirming Healthcare

- Perceived lack of competent providers
  - Medical model
  - Collective trauma
- Affordable Care Act
- Lack of Trans/GNC/Non-Binary Affirmative Healthcare
  - Planned Parenthood
  - Insurance coverage
- Regional Differences
  - Acceptance
  - Age of Consent
Sociopolitical Climate’s Impact

- Russia's Anti-Propaganda Law
- Pulse Nightclub
  - Parkland: Emma Gonzalez
- LGBTQ+ information on census and discrimination in schools
- Transgender ban in the military
- TQPOC Homicide
- Publicized suicides
  - Leelah Alcorn
Sociopolitical Climate

- 50,000+ students surveyed 30 days Post-Election
  - Almost 50% of LGBTQ+ students report taking steps to hide who they are
  - Almost 50% of trans students reported feeling hopeless and worthless most or all of the time.
  - 70% of students reported witnessing bullying
    - 63% motivated by sexual orientation
    - 55% motivated by gender

Human Rights Campaign, 2017
Affirming Dialogue
Creating Affirming Dialogue

- Providers are often assumed unsafe until proven otherwise due to:
  - Client's past experiences with providers and/or adults in general
  - Regional differences in acceptance
  - Whether the client is "out"
  - Internalized shame

- Providers can create affirming dialogue through:
  - signaling awareness of concepts
  - utilizing "open" and nonbinary language
  - practicing unconditional positive regard in the therapeutic alliance
Concepts

• Demonstrate knowledge of the following concepts:
  • Sex vs. Gender
    • Biological vs. Social construct
    • Not a binary
  • Types of attraction
    • Sexual, romantic, physical, emotional, intellectual, aesthetic
  • Identities other than L,G,B,T,Q
    • Pansexual, Polyamorous, Genderqueer, Gender fluid, Asexual Spectrum, sexual subcultures, etc.
  • Pronouns
  • Remember, it's okay to ask your client for clarification
Some Helpful Resources for Concepts:

• Comprehensive* List of LGBTQ+ Vocabulary Definitions (Killerman, 2013).

• Affirmative Counseling with LGBTQI+ People, Glossery of Terms (Ginicola, Smith, Filmore, 2017).
Signaling Awareness:

• Suggestions to signal you are affirming:
  • Safe Space Visual (sticker, plaque, posters)
  • Gender Unicorn from [www.transstudent.org/gender](http://www.transstudent.org/gender)
  • Updated forms
Language

• Pronouns
  • Consider including your own pronouns in introductions, and/or on business cards/email signatures, and/or forms
  • Ask your clients about their pronouns
  • Note: "Preferred Pronouns" carries a negative connotation
  • If you make a mistake, simply apologize and move on.

• Open and Nonbinary Language
  • Avoid signaling assumptions of orientation by using "they/them" or "partner/s"
  • E.g., "So you said you have a date tonight. What qualities do you like about them?"
  • Consider using: people, Individuals, siblings vs. men and women, he/she, brothers and sisters
Therapeutic Alliance

• Examine your own attitudes and values
• Build rapport
  • Trust and Confidentiality
• The Youth is the expert
• Approach with curiosity
• Allow for fluidity
  • Changing pronouns, names, and orientations

Hetrick-Martin Institute, 2014
Issues

• Lack of outcome research

• However, for transgender youth, when able to use a chosen name in multiple contexts:
  • 29% decrease in suicidal ideation
  • 56% decrease in suicidal behavior
  • Decrease on measures of depression

Russell, Pollitt, Li, & Grossman, 2018
Therapeutic Activities
Developmental
Eggs in Which Basket

Created by
Becky Rudd PhD, LMFT, LMHC
Set-Up

Create 3 baskets

Pile of eggs with various statements of affective expression and experience
Activity
Rainbows to Rainbows

Adapted from Apples to Apples

Created by
Becky Rudd PhD, LMFT, LMHC
Assertiveness
Four Squares
Created by Becky Rudd PhD
Coming Out

Negative Reaction
https://www.youtube.com/watch?v=z3VHpcciaTts

Neutral Reaction
https://www.youtube.com/watch?v=Dp1TgnUR2aU

Positive Reaction
https://www.youtube.com/watch?v=2NF6n9Z6ZAO
Safety Planning

**Coming Out as LGBTQ+ Safety Plan**

1) If I decide to leave home/shelter/friend’s place for a short or long time, places where I feel safe are:

________________________________________________________________________

________________________________________________________________________

2) I will contact ________________ and ________________ (trusted persons) to let them know where I am.

3) I will contact ________________, a trusted adult at my school. My school’s phone number is ________________.
Jeopardy

Created by Carissa Voelker

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References


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