Psychology 604 Ethics Paper

The Challenges and Approaches to Working with Lesbian, Gay, Bisexual, and Transgender Youth
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Abstract

Psychologists working with adolescents are bound to encounter many unique challenges regarding those of Lesbian, Gay, Bisexual and Transgendered (LGBT) youth that must be dealt with careful considerations. As an ethical duty to understand and support LGBT youth, it is the purpose of this paper to explore (1) the different types of challenges that are encountered by LGBT youth such as stigmatization in a heterosexual society, and (2) the techniques that can help mental health practitioners provide a safe and supportive environment, working against stigmatization and oppression of the LGBT population.

The LGBT population is an oppressed group with special needs that should be delineated with careful consideration. According to APA (2002) ethics codes, psychologists are not supposed to engage in unfair discrimination based upon sexual orientation; such as denying people of their basic human rights. However, most discrimination that does occur to LGBT clients are actions that therapist may be unaware of and is an effect of heterosexism.

According to Herek (1995), heterosexism is defined as, “the ideological system that denies, denigrates, and stigmatizes any non-heterosexual form of behavior, identity, relations or community”. The discipline of psychology, in its most general sense, is pervaded by this idea and by those in the practice, whether by conscious or subconscious realization. Psychologists who take a “sexual-orientation-blind” perspective often do not see that his or her heterosexist ideologies affect their therapeutic processes. If a practitioner were to ask one of their male clients if he had a girlfriend, although it may seem harmless, it can be viewed as an unintentional heterosexist statement; one is rhetorically assuming that a particular male client has a girlfriend and that he is heterosexual. A question like the one mentioned above can inhibit the culture-specific experiences of LGBT clients (Garnets & Kimmel, 1993).

LGBT Challenges

Adolescence is a time of crisis for LGBT youths trying to develop his or her identity. Like a typical adolescent, LGBT youth strive for fitting in with their peers but feel ‘different’ due to their sexual orientation (Morrow, 1993) in a society that may not have acceptance.

This “difference”, according to Vare (1998), comes between the age of 13 and 26 when both males and females discover his or her same-sex attraction. This age can be rather difficult because LGBT youth not only have to deal with the same pressures that the typical adolescent period pervades, but they also have significantly higher stress levels living in a heterosexist society that harbors homophobia (Coleman, 1996; D’Augelli, 2002).

Homophobia, according to Lips (1988) is the “widespread irrational fear and intolerance towards homosexuality.” This intolerance is often displayed with verbal and physical homophobic gestures such as gay-bashing jokes, name calling, physical threats, and violence which can cause a hostile environment for LGBT youths. Subsequently, this can lead to a copious amount of problems in the LGBT youth which can escalate into numerous health difficulties, deteriorating school performance, truancy, running away from home, substance abuse, consultation with mental health professionals, juvenile prostitution, psychiatric hospitalization, coming out and disclosure, mental health, substance abuse, sexuality and sexually transmitted diseases, harassment, violence and even suicide (Crisp & McCave, 2007; Little, 2001; Vare, 1998). Because of the copious risks, it is important for practitioners to be aware of certain stigmatization, and to work towards alleviating the stigmatization by providing a safe, unbiased environment for LGBT youth in order to possibly decrease their potential health disparities.

"Coming Out" and Disclosure

“Coming out” is a term that is used when an LGBT individual acknowledges and accepts their sexual orientation. This “coming out,” according to Mallon (2001), has a five-step development in which
LGBT youths explore their sexual orientation while weighing out the pros and cons.

Stage one is the period of acknowledgement; when the youth asks the question, “Could I be homosexual?” This is the step where the youth starts to explore his or her feelings about being homosexual whether or not they are consciously attracted to members of the same sex.

Stage two of this “coming out” is when the individual thinks critically about his or her sexuality while considering the possibility of being homosexual. This sexual orientation seeking is usually accompanied with questions such as “am I?” and “What happens if I am?”

In this stage of acknowledgement, there is also denial. Some people, when questioning their sexuality, retract and choose to deny his or her feelings because of the homosexual social stigma. They themselves have often been seen and compared themselves to people who have “come out”, have been harassed, or have heard anti-gay slurs, which can make it a difficult period for adolescents who are still uncomfortable.

The third stage of “coming out” is when an individual believes they are probably homosexual and at this point, have usually come to terms with the social stigma of homosexuality, pushing through negative societal impressions of LGBT, such as the stereotype of being promiscuous, as well as their own. At this stage, the youth is likely to engage in activities such as dating people of the same sex and possibly engaging in sexual intercourse. Because these teens as still so vulnerable, these actions can be harmful.

Stage four is when an adolescent fully accepts his or her sexual orientation and chooses this to be an identifying factor in his or her life. During this time, adolescents usually choose to disclose their sexual orientation to others but it is also a stressful time for adolescents because of the potential for rejection from family and friends. During this time, teens have generally gauged whether or not it would be appropriate for them to disclose their information or not. For people who grew up in families where homosexuality is not accepted, they may not choose to declare their sexual orientation. If not dealt with in an adaptive manner, this choice can result in psychological harm such as low self-esteem and suicide.

The fifth stage, a stage that generally is not accomplished until young adulthood is over, is fully coming to terms with being LGBT. “Identity crisis” no longer becomes an issue and the person is now able, if they choose, to focus on other important aspects of their life such as education, or on work.

Although the five stages listed above describe an LGBT youth’s experiences of disclosing oneself, the individual is a part his or her own dynamic social network. As explained in steps two, three, and four, the teen explores the pros and cons of being LGBT: how their social groups will play into them being homosexual, the reaction from family, school, and friends. If an individual’s family is not accepting of homosexuality it may cause the individual added stress and guilt (Beaty, 1999), and the LGBT youth could potentially be kicked out of his or her house because of the disclosure of their sexual orientation (Shelby, 1998). All of these scenarios are what youth must consider before deciding if they are going to “come out.” It is a life changing growth that has the potential of affecting their physical and mental wellbeing, setting the precedence for the rest of their life.

Mental Health

During the discovery of one’s sexual orientation, LGBT youth are likely have an increased risk of mental health disparities, one of the most prominent mental health problems being depression and suicidal ideation (Crisp & McCave, 2007; D’Augelli, 2002; Shelby, 1998; Vare, 1998). Other issues, such as being victimized at school, and being threatened physically and verbally, relates to the development of posttraumatic stress symptoms. It’s estimated that over a third of all LGBT students that have had health problems have attempted to commit suicide, which, according to D’Augelli et al (2001), is significantly higher than that of the general population; there are likely to be many more suicides and suicidal attempts that have not been recorded (D’Augelli, 2002).

Substance Abuse

Research has shown that LGBT adolescents, in addition to mental health problems, encounter increased risks of developing heavy substance abuse problems due to the different harassments that they are subjected to (Crisp & McCave, 2007; Little, 2001; Vare, 1998). According to Shelby (1998), LGBT youths are 1.6 times more likely to report heavy substance abuse to escape the emotional and physical pain that they encounter and potentially develop substance problems later in life which include withdrawal and isolation from family, school, and friends (Little, 2001).

Sexuality and Sexually Transmitted Diseases

As many LGBT adolescences begin to explore their sexuality, most are ill-informed about safe sexual practices, many are disowned from their families and forced into sexual exploitation (Durby, 1994), risking contracting STDs including syphilis, gonorrhea, HIV,
chlamydia, and hepatitis B (Crisp & McCave, 2007). In other cases, some LGBT, especially gay males, will try to fit in by engaging in sexual intercourse with a female as a way to pass as a heterosexual (Morrow 2004).

Harassment and Violence

Harassment and violence is considered, along with discrimination, direct and overt oppression towards the LGBT population. Research has shown that LGBT see verbal abuse from peers and family members once their sexual orientation is disclosed (Garnets et al, 1993) but that most of the abuse occurs in school. According to Little (2001), educational institutions are lagging in the support for LGBT students who encounter harassment and violence. According to D’Augelli et al (2002) half of LGBT students have been verbally abused: one quarter threatened with violence, and ten percent attacked in school. Due to this large amount of bullying, twenty-eight percent of students drop out of school (Shelby, 1998). This harassment and violence adds to the LGBT challenges of mental health risks due to the depression that is caused by the fear and hatred from other people.

Conclusion of Challenges

What is important to remember about the preceding challenges of LGBT youth is that although each challenge does have its own unique characteristics, and while all seem independent, all problems LGBT face are interdependent, interconnected, and mutually condition each other. For example, harassment and violence can both affect the mental wellbeing of an LGBT youth and have an effect on their coming out and disclosure process. It is important that we look at these challenges as a dynamic organism in which one challenge can, and is likely to, be an effect of other ones.

Strategies for Mental Health Professionals

The challenges of LGBT youth show that there is a great need for mental health support. Due to the uniqueness of the particular population of LGBT adolescents, the most appropriate multicultural and supportive environment should be established for LGBT youth who seek mental health assistance. Van Den Bergh and Crisp (2004) introduced a culturally sensitive model of working with LGBT youth called Affirmative Practice. Affirmative Practice involves three dimensions: knowledge, attitudes, and skill that, when practiced in a professional setting, create a supportive environment for LGBT youths.

Knowledge

Knowledge is a key element in providing culturally competent services to LGBT youths (Crisp and McCave, 2007). Within this knowledge, there are seven sub-areas of knowledge that practitioners should be familiar with in order to understand the dynamic of the LGBT culture and their significance in the mental health practice. The seven categories of knowledge are: (1) terminology; (2) demographics and diversity; (3) symbols, historical dates, and contemporary figures; (4) experiences with oppression and policies that impact LGBT youth; (5) community resources; (6) culturally sensitive practice models; and (7) "coming out" models and identity as a LGBT person.

Terminology

It is important for practitioners to familiarize themselves with the proper terminology that is associated with the LGBT community. According to Advocates for Youth (1994), many youth can find different types of terminology offensive. For example, the word "homosexual" is generally seen as offensive to youths. However, words such as “lesbian,” “gay” and “bisexual” do not weigh and hold the same stigma that the word “homosexual” holds (Mallon, 2001). All of these terms can and do imply heterosexual normalcy and can make a LGBT youth feel uncomfortable. Instead, practitioners should try to utilize gender-neutral terms such as words like “partner” instead of “boyfriend” and “girlfriend” (Phillips et. al., 1997). In addition to word choice, practitioners should also be familiar with the different types of verbal harassment words that are utilized in schools and public so practitioners are able to understand a client’s situation. This is important because if a client describes harassment that they have experienced, the practitioner can establish an empathetic rapport with the client. Finally, it is also important to be familiar with general words and symbols that clients may identify with. One example is that of the word “queer.” Some adolescents are comfortable with the word “queer” and practitioners should be aware and respect their choices of word.

Demographics and Diversity

LGBT youths are a part of a diverse group of people with many commonalities but also many multicultural differences which practitioners should be aware of (Ryan and Futterman, 1998). For example, some cultures are more accepting of LGBT youths than others are. With this knowledge, practitioners can further help the therapeutic process even more
if they are open to understanding the complex and diverse LGBT populations.

Symbols, Historical Date, and Contemporary Figures

For both practitioners and clients, learning about the history and symbolism of the LGBT culture can help bridge the connection between client and practitioner. Many LGBT youths are ashamed of being who they are and it is important for them to be aware of the different type of prideful things that are a part of their cultures. Key historic periods such as the Stonewall Riots, where the LGBT population fought back against oppression, can restore a sense of pride in clients who are shameful of their identity. Knowledge of symbols such as the rainbow flag, and key figures, such as Harvey Milk, who was the first openly gay elected official, may help the therapeutic process by providing icons and role models that the LGBT adolescent can look up to.

Experiences with Oppression and Policies that Impact LGBT Youth

It is important for practitioners to be aware of issues regarding institutionalized oppression and try to understand that dynamic from a LGBT perspective. Practitioners who have not experienced this may not be aware of the social pressures that are put upon LGBT youth. For example, heterosexuals are allowed to marry in all US States and homosexual are not with the exception of one. There are also many employment and housing provisions that do not protect LGBT people from being discriminated against. Practitioners should be informed of these different policies that can possibly cause stress on their clients so that appropriate measure can be taken to help the client be successful regardless of discriminatory policies.

Community Resources

Since LGBT youth are at a high risk for health disparities, it is important that practitioners familiarize themselves with the resources that are available to LGBT youth. Organizations such as the National Youth Advocacy Coalition and the Gay, Lesbian, and Straight Education Network have lists of resources that are available to the public for people who wish to seek different services or support groups. Practitioners can also familiarize themselves with their local LGBT resources available for youth. Sharing resource information to clients provides them with multiple ways they can seek support that will promote their wellbeing.

Culturally Sensitive Practice Models

It is essential that practitioners who work with LGBT youths are familiar with culturally-competent models and approaches to treatment. Unlike a “sexual-orientation blind” approach explained in the beginning of this paper, culturally sensitive models take careful consideration of the traditions and practices of the client that is being treated. To disregard the LGBT youth’s own culture means quite possibly alienation from practitioners and increases the chance of them falling victim to harmful behavior. Having a culturally sensitive approach to clients including LGBT youth allows for fewer chances of intentional oppressive and discriminatory actions from the practitioner.

"Coming out" models and identity as a LGBT Person

“Coming out” is an important aspect that nearly every LGBT person encounters in their lifetime. Practitioners should become aware of the process of coming out so that he or she can help facilitate a successful transition with the LGBT youth. Mallon’s “coming out” stages (2001) which were previously explained, is an example of a coming out model. Although the stages in which a person identifies themselves as a LGBT may be very similar for everyone, every transition is unique to the individual. "Coming out" models and approaches should be used only as guidelines due to the uniqueness of this transition.

Attitudes

APA Division 44 (2000) encourages that practitioners self-examine their beliefs, values, and attitudes towards LGBT individuals to ensure that they are striving for what the client needs in order to be a successful individual. It is crucial that practitioners check their attitudes while working with LGBT youth clients because even the littlest hint of negative body language or speech can affect the therapeutic process (Ryan and Futterman, 1998). If personal biases are not controlled, it can harbor self-hatred in the client and lead to denial about challenging issues (Crisp & Mc Crave 2007). If practitioners cannot change their attitudes about their LGBT clients, they should refer their clients in a timely fashion to a practitioner who will give the client the support and service that they need. It is important however, to remember that if a negative feeling does occur after a relationship has been established; it may be difficult to refer the client; other ethical considerations must be taken into account.
Skills

Skills are a key component to creating a culturally competent therapeutic environment for LGBT youths. Crisp and McCave (2007) outline ten skills that practitioners are encouraged to practice: (1) create a safe environment for LGBT youth; (2) assess, don’t assume, a LGBT youth’s sexual orientation. (3) help youths work through the stages of the coming out process; (4) determine how “out” a youth is and who their support group is; (5) treat the presented challenge, not the youth’s sexual orientation; (6) examine the present challenge in the context of their lives as both youth and LGBT individuals; (7) work with family members to accept LGBT youth and support their identities; (8) refer youth to gay-affirmative resources; (9) acknowledge negative feelings about LGBT youth and work to address these feelings; and (10) engage in ongoing training and continuing education around LGBT issues.

Create a Safe Environment for LGBT Youth

Creating a safe environment for LGBT youths allows them to be comfortable in disclosing sensitive information within the therapeutic process. Some of the ways a practitioner can create a safe environment is by staying current with sensitivity trainings and different supporting organizations who advocate LGBT. For example, finding an organization in your own hometown such as PRIDE Hilo, or an LGBT club on college campuses is a way in which a practitioner can work towards creating a safe environment for LGBT youths.

Assess, Don’t Assume, LGBT Youths’ Sexual Orientation

It is important that clients are not judged as heterosexual by practitioners. The goal for any practitioner is to try to assess what it comfortable for their client and to not assume that they are of one particular group. It is also important to allow the client to self-identify rather than verbalize an assumption. Practitioners should avoid labeling clients and let them choose how they would like to be identified.

Help Youth Work Through the Stages of the Coming Out Process

During adolescence, LGBT youth are in the process of integrating their sexual identity into their sense of self. This is a challenging task and youths may need assistance integrating these two identities. It is important that the practitioners help clients to make careful considerations with the disclosure of their sexual orientation. Being aware of the challenges, like internalized homophobia, that already exist for the client, the practitioner can work with them to help them understand their experiences and work through them, benefitting the client’s path of self-discovery.

Determine How “Out” a Youth is and Who Supports the Youth’s Sexual Orientation

There are LGBT youth who choose not to disclose their sexual orientation. Practitioners should be aware of the youth’s choices, and work with them to figure out a support network that he or she can rely on through this challenging time.

Treat the Presenting Challenge, Not the Youth’s Sexual Orientation

Practitioners should not assume that a youth’s problems are due to their sexual orientation. It is important to explore the different causes of a youth’s problems, and develop an appropriate strategy. A failure to do so may cause the client to work against positive identity development.

Examine the Presenting Challenge in the Context of their Lives as Both Youth and LGBT Individuals

As explained previously, the LGBT youth population is very diverse. It is important to understand that practitioners must look at a youth’s problem from different angles, considering the viewpoint of the youth as a LGBT. For example, a LGBT youth could be African American and encounter racial problems that do not occur because he or she is LGBT. It is important to understand the dynamics between an individual’s multiple identities, in this case ones sexual orientation and ethnicity.

Work with Family Members to Accept LGBT Youth and Support their Identities

“Coming out” affects not only an LGBT youth, but also their family. It is likely to be a difficult time for both parties. According to Savin-Williams (1996), families need to adjust their expectations of their child. Practitioner’s duties are to help maintain and keep the connections between the LGBT youth and their families by developing strategies because family is an important support system for the individual.

Refer Youth to Gay Affirmative Resources

Practitioners should refer their clients to resources that support their identity. By encouraging clients to look up and utilize these affirming resources they can potentially increase that client’s self-awareness and self-esteem about being LGBT. This, in turn, fosters pride and security with in the individual’s choice to disclose his or her sexual orientation.
Acknowledge Negative Feelings about LGBT Youth and Work to Address these Feelings

All practitioners are likely to encounter an LGBT client. For some practitioners, it is difficult to get past the negative biases that they may have. It is important that practitioners become aware of their biases and strive towards fostering beneficial relationships for an LGBT youth. There are different ways a practitioner can assess their LGBT biases. One way is by taking psychological tests. Some of these tests include the Attitudes Toward Lesbian and Gay Men Scale (Herek, 1988) and the Gay Affirmative Practice Scale (Crisp, 2006).

Engage in Ongoing Training and Continuing Education Around GLB Issues.

One of the most important things that a practitioner can do to ensure that he or she is culturally competent for LGBT youth is staying up to date with literature, news, and trainings that pertain to LGBT issues. Education and training are key in making sure that practitioners are able to provide the best service that is possible.

Conclusion

When one sees the challenges that LGBT youths must go through in order to establish their own identity, it is very disappointing. Who can one turn to when they see a society that does not foster multicultural understanding for LGBT populations? For this reason, the role of the mental health practitioner is vital. It is vital that they be educated, trained, and meet the needs to work with diverse populations such as LGBT youths. Though there has been much improvement regarding tolerance towards LGBT, and although guidelines are set to help accomplish the task of meeting the needs of LGBT youths, society is still far from eliminating oppression and discrimination. But there is hope. Many associations such as the American Psychological Association, American Counseling Association, and the National Association of Social Workers recognize the LGBT population for who they are. It cannot be only practitioners, but societies in general, that must also see that if we are likely to see continual social improvement in favor of LGBT youths, we must first realize it in ourselves.

REFERENCES


